



TEXAS
Medicare Medicaid
Your Health Plan • Your Choice

TEXAS
Health and Human
Services

Wellpoint STAR+PLUS MMP (Medicare-Medicaid Plan)

2024 List of Covered Drugs (Formulary)

**PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION
ABOUT THE DRUGS WE COVER IN THIS PLAN.**

This formulary was updated on 2/1/2024. **Important Message About What You Pay for Vaccines** – Some vaccines are considered medical benefits. Other vaccines are considered Part D drugs. Our plan covers most Part D vaccines at no cost to you.

For more recent information or other questions, contact us at: **1-833-232-1711 (TTY: 711), 24 hours a day, 7 days a week** or visit www.wellpoint.com/tx/mmp.



H8786_24_3004945_0003_T CMS approved 09/13/2023

Formulary ID: TX_MMP_24038_v13_2403_2 Version: v0003

1053780TXMENWLP_0003 Issued: 03/01/024

Wellpoint STAR+PLUS MMP (Medicare-Medicaid Plan)

2024 List of Covered Drugs (Formulary)

Introduction

This document is called the *List of Covered Drugs* (also known as the Drug List). It tells you which prescription drugs and over-the-counter drugs and items are covered by Wellpoint STAR+PLUS MMP. The Drug List also tells you if there are any special rules or restrictions on any drugs covered by Wellpoint STAR+PLUS MMP. Key terms and their definitions appear in the last chapter of the *Member Handbook*.

Table of Contents

A. Disclaimers	3
B. Frequently Asked Questions (FAQ)	4
B1. What prescription drugs are on the <i>List of Covered Drugs</i> ? (We call the <i>List of Covered Drugs</i> the “Drug List” for short.)	4
B2. Does the Drug List ever change?	4
B3. What happens when there is a change to the Drug List?	5
B4. Are there any restrictions or limits on drug coverage or any required actions to take to get certain drugs?	6
B5. How will I know if the drug I want has limits or if there are required actions to take to get the drug?	6
B6. What happens if Wellpoint STAR+PLUS MMP changes their rules about some drugs (for example, prior authorization (PA) or approval, quantity limits, and/or step therapy restrictions)?	7
B7. How can I find a drug on the Drug List?	7
B8. What if the drug I want to take is not on the Drug List?	7
B9. What if I am a new Wellpoint STAR+PLUS MMP member and can't find my drug on the Drug List or have a problem getting my drug?	8
B10. Can I ask for an exception to cover my drug?	9
B11. How can I ask for an exception?	9



If you have questions, please call Wellpoint STAR+PLUS MMP at 1-833-232-1711 (TTY:711), 24 hours a day, 7 days a week. The call is free.
For more information, visit www.wellpoint.com/tmmp.

B12. How long does it take to get an exception?	9
B13. What are generic drugs?	9
B14. What are OTC drugs?	10
B15. Does Wellpoint STAR+PLUS MMP cover non-drug OTC products?	10
B16. What is my copay?	10
C. Overview of the List of Covered Drugs	11
C1. Drugs Grouped by Medical Condition	12
D. Index of Covered Drugs	169



If you have questions, please call **Wellpoint STAR+PLUS MMP** at **1-833-232-1711** (TTY:711), 24 hours a day, 7 days a week. The call is free.
For more information, visit www.wellpoint.com/tx/mmp.

A. Disclaimers

This is a list of drugs that members can get in Wellpoint STAR+PLUS MMP.

- ❖ Wellpoint STAR+PLUS MMP (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and Medicaid to provide benefits of both programs to enrollees.
- ❖ You can always check Wellpoint STAR+PLUS MMP's up-to-date List of Covered Drugs online at www.wellpoint.com/tx/mmp or by calling **1-833-232-1711 (TTY: 711) 24 hours a day, 7 days a week.**
- ❖ For additional information you may also call STAR+PLUS MMP Help Line at **1-877-782-6440, Monday through Friday from 8 a.m. to 6 p.m. Central time.** TTY users should call **1-800-735-2989.**
- ❖ Limitations, copays, and restrictions may apply. For more information, call Wellpoint STAR+PLUS MMP Pharmacy Member Services or read the Wellpoint STAR+PLUS MMP *Member Handbook*.
- ❖ ATENCIÓN: Si habla español, le ofrecemos servicios de asistencia de idiomas sin cargo. Llame al **1-833-232-1711 (TTY: 711), las 24 horas del día, los 7 días de la semana.** La llamada es gratuita.
- ❖ You can get this document for free in other formats, such as large print, braille, or audio. Call **1-833-232-1711 (TTY: 711) 24 hours a day, 7 days a week** The call is free.

When calling, let us know if you want this to be a standing order. That means we will send the same documents in your requested format and language every year.

You can also call us to change or cancel a standing order. You also can find your documents online at www.wellpoint.com/tx/mmp.

 If you have questions, please call Wellpoint STAR+PLUS MMP at **1-833-232-1711 (TTY:711), 24 hours a day, 7 days a week.** The call is free.

For more information, visit www.wellpoint.com/tx/mmp.

B. Frequently Asked Questions (FAQ)

Find answers here to questions you have about this *List of Covered Drugs*. You can read all of the FAQ to learn more, or look for a question and answer.

B1. What prescription drugs are on the *List of Covered Drugs*? (We call the *List of Covered Drugs* the “Drug List” for short.)

The drugs on the *List of Covered Drugs* that starts on page 12 are the drugs covered by Wellpoint STAR+PLUS MMP. These drugs are available at pharmacies within our network. A pharmacy is in our network if we have an agreement with them to work with us and provide you services. We refer to these pharmacies as “network pharmacies.”

- Wellpoint STAR+PLUS MMP will cover all medically necessary drugs on the Drug List if:
 - your doctor or other prescriber says you need them to get better or stay healthy, **and**
 - you fill the prescription at an Wellpoint STAR+PLUS MMP network pharmacy.
- Wellpoint STAR+PLUS MMP may have additional steps to access certain drugs (refer to question B4 below).

You can also find an up-to-date list of drugs that we cover on our website at www.wellpoint.com/tx/mmp or call Pharmacy Member Services at **1-833-232-1711 (TTY: 711)**, 24 hours a day, 7 days a week.

B2. Does the Drug List ever change?

Yes, and Wellpoint STAR+PLUS MMP must follow Medicare and Texas Medicaid rules when making changes. We may add or remove drugs on the Drug List during the year.

We may also change our rules about drugs. For example, we could:

- decide to require or not require prior authorization (PA) or approval for a drug. PA is permission from Wellpoint STAR+PLUS MMP before you can get a drug.)
- add or change the amount of a drug you can get (called quantity limits).
- add or change step therapy restrictions on a drug. (Step therapy means you must try one drug before we will cover another drug.)

For more information on these drug rules, refer to question B4.

If you are taking a Medicare Part D drug that was covered at the **beginning** of the year, we will generally not remove or change coverage of that drug **during the rest of the year** unless:

 If you have questions, please call Wellpoint STAR+PLUS MMP at **1-833-232-1711 (TTY:711)**, 24 hours a day, 7 days a week. The call is free.

For more information, visit www.wellpoint.com/tx/mmp.

- a new, cheaper drug comes on the market that works as well as a drug on the Drug List now, **or**
- we learn that a drug is not safe, **or**
- a drug is removed from the market.

Questions B3 and B6 below have more information on what happens when the Drug List changes.

- You can always check Wellpoint STAR+PLUS MMP's up to date Drug List online at www.wellpoint.com/tx/mmp.
- You can also call Pharmacy Member Services to check the current Drug List at **1-833-232-1711 (TTY: 711) 24 hours a day, 7 days a week**.

B3. What happens when there is a change to the Drug List?

Some changes to the Drug List will happen **immediately**. For example:

- **A new generic drug becomes available.** Sometimes, a new generic drug comes on the market that works as well as a brand name drug on the Drug List now. When that happens, we may remove the brand name drug and add the new generic drug, but your cost for the new drug will stay the same or will be lower. When we add the new generic drug, we may also decide to keep the brand name drug on the list but change its coverage rules or limits.
 - We may not tell you before we make this change, but we will send you information about the specific change we made once it happens.
 - You or your provider can ask for an exception from these changes. We will send you a notice with the steps you can take to ask for an exception. Please refer to question B10 for more information on exceptions.
- **A drug is taken off the market.** If the Food and Drug Administration (FDA) says a drug you are taking is not safe or the drug's manufacturer takes a drug off the market, we will take it off the Drug List. If you are taking the drug, we will let you know. Please contact your prescribing doctor as soon as you get the letter.

We may make other changes that affect the drugs you take. We will tell you in advance about these other changes to the Drug List. These changes might happen if:

- The FDA provides new guidance or there are new clinical guidelines about a drug.
- We add a generic drug that is not new to the market **and**
 - replace a brand name drug currently on the Drug List **or**
 - change the coverage rules or limits for the brand name drug.

When these changes happen, we will:

 **If you have questions**, please call **Wellpoint STAR+PLUS MMP** at **1-833-232-1711 (TTY:711), 24 hours a day, 7 days a week**. The call is free.
For more information, visit www.wellpoint.com/tx/mmp.

- tell you at least 30 days before we make the change to the Drug List **or**
- let you know and give you a 31-day supply of the drug after you ask for a refill.

This will give you time to talk to your doctor or other prescriber. They can help you decide:

- If there is a similar drug on the Drug List you can take instead **or**
- Whether to ask for an exception from these changes. To learn more about exceptions refer to question B10.

B4. Are there any restrictions or limits on drug coverage or any required actions to take to get certain drugs?

Yes, some drugs have coverage rules or have limits on the amount you can get. In some cases, you or your doctor or other prescriber must do something before you can get the drug. For example:

- **Prior authorization (PA) or approval:** For some drugs, you or your doctor or other prescriber must get PA from Wellpoint STAR+PLUS MMP before you fill your prescription. Wellpoint STAR+PLUS MMP may not cover the drug if you do not get approval.
- **Quantity limits:** Sometimes Wellpoint STAR+PLUS MMP limits the amount of a drug you can get.
- **Step therapy:** Sometimes Wellpoint STAR+PLUS MMP requires you to do step therapy. This means you will have to try drugs in a certain order for your medical condition. You might have to try one drug before we will cover another drug. If your doctor thinks the first drug doesn't work for you, then we will cover the second.

You can find out if your drug has any additional requirements or limits by looking in the tables on pages 12-168. You can also get more information by visiting our website at www.wellpoint.com/tx/mmp. We have posted online documents that explain our PA and step therapy restrictions. You may also ask us to send you a copy.

You can ask for an exception from these limits. This will give you time to talk to your doctor or other prescriber. They can help you decide if there is a similar drug on the Drug List you can take instead or whether to ask for an exception. Please refer to questions B10 - B12 for more information about exceptions.

B5. How will I know if the drug I want has limits or if there are required actions to take to get the drug?

The table of Drugs on page 12 has a column labeled "Necessary actions, restrictions or limits on use."

 If you have questions, please call Wellpoint STAR+PLUS MMP at **1-833-232-1711** (TTY:711), 24 hours a day, 7 days a week. The call is free.

For more information, visit www.wellpoint.com/tx/mmp.

B6. What happens if Wellpoint STAR+PLUS MMP changes their rules about some drugs (for example, prior authorization (PA) or approval, quantity limits, and/or step therapy restrictions)?

In some cases, we tell you in advance if we add or change PA, quantity limits, and/or step therapy restrictions on a drug. Refer to question B3 for more information about this advance notice and situations where we may not be able to tell you in advance when our rules about drugs on the Drug List change.

B7. How can I find a drug on the Drug List?

There are two ways to find a drug:

- You can search alphabetically by the drug's name, **or**
- You can search by medical condition.

To search **alphabetically**, refer to the Index of Covered Drugs section. You can find it by going to the list that begins on page 169, then look for the name of your drug on the list.

To search **by medical condition**, find the section labeled "Drugs Grouped by Medical Condition" that begins on page 12. The drugs in this section are grouped into categories depending on the type of medical conditions they are used to treat. For example, if you have a heart condition, you should look in the category, Cardiovascular Agents. That is where you will find drugs that treat heart conditions.

B8. What if the drug I want to take is not on the Drug List?

If you don't find your drug on the Drug List, call Pharmacy Member Services at **1-833-232-1711 (TTY 711), 24 hours a day, 7 days a week** and ask about it. If you learn that Wellpoint STAR+PLUS MMP will not cover the drug, you can do one of these things:

- Ask Pharmacy Member Services for a list of drugs like the one you want to take. Then show the list to your doctor or other prescriber. They can prescribe a drug on the Drug List that is like the one you want to take. **Or**
- You can ask the health plan to make an exception to cover your drug. Please refer to questions B10 - B12 for more information about exceptions.

 If you have questions, please call Wellpoint STAR+PLUS MMP at **1-833-232-1711 (TTY:711), 24 hours a day, 7 days a week**. The call is free.

For more information, visit www.wellpoint.com/tm/mmp.

B9. What if I am a new Wellpoint STAR+PLUS MMP member and can't find my drug on the Drug List or have a problem getting my drug?

We can help. We may cover a temporary 31-day supply of your drug during the first 90 days you are a member of Wellpoint STAR+PLUS MMP. This will give you time to talk to your doctor or other prescriber. They can help you decide if there is a similar drug on the Drug List you can take instead or whether to ask for an exception.

If your prescription is written for fewer days, we will allow multiple refills to provide up to a maximum of 31 days of medications.

We will cover a 31-day supply of your drug if:

- you are taking a drug that is not on our Drug List, **or**
- health plan rules do not let you get the amount ordered by your prescriber, **or**
- the drug requires PA by Wellpoint STAR+PLUS MMP, **or**
- you are taking a drug that is part of a step therapy restriction.

If you are in a nursing home or other long-term care facility and need a drug that is not on the Drug List or if you cannot easily get the drug you need, we can help. If you have been in the plan for more than 90 days, live in a long-term care facility, and need a supply right away:

- We will cover one 34-day supply of the drug you need (unless you have a prescription for fewer days), whether or not you are a new Wellpoint STAR+PLUS MMP member.
- This is in addition to the temporary supply during the first 90 days you are a member of Wellpoint STAR+PLUS MMP.

If you experience a change in the level of care you're getting that requires you to transition from one facility or treatment center to another, you may be eligible for a one-time temporary fill of the prescription you have now. For example, if you were discharged from the hospital and given a discharge list of medications based upon the hospital formulary, you may be able to get a one-time fill of the drug. You can get the temporary one-time fill exception, regardless of whether or not you're in your first 90 days of program enrollment. Have your prescriber call us for details.



If you have questions, please call **Wellpoint STAR+PLUS MMP at 1-833-232-1711 (TTY:711)**, 24 hours a day, 7 days a week. The call is free.
For more information, visit www.wellpoint.com/tx/mmp.

B10. Can I ask for an exception to cover my drug?

Yes. You can ask Wellpoint STAR+PLUS MMP to make an exception to cover a drug that is not on the Drug List.

You can also ask us to change the rules on your drug.

- For example, Wellpoint STAR+PLUS MMP may limit the amount of a drug we will cover. If your drug has a limit, you can ask us to change the limit and cover more.
 - Other examples: You can ask us to drop step therapy restrictions or PA requirements.
-

B11. How can I ask for an exception?

To ask for an exception, call Pharmacy Member Services. Your Pharmacy Member Services representative will work with you and your provider to help you ask for an exception.

You can also read Chapter 9 of the *Member Handbook* to learn more about exceptions.

B12. How long does it take to get an exception?

After we get a statement from your prescriber supporting your request for an exception, we will give you a decision within 72 hours. The statement may be sent to:

Amerigroup STAR+PLUS MMP
Medicare Prior Authorization Review
P O Box 47686
San Antonio, TX 78265-8686
FAX: 1-844-494-8342

If you or your prescriber think your health may be harmed if you have to wait 72 hours for a decision, you can ask for an expedited exception. This is a faster decision. If your prescriber supports your request, we will give you a decision within 24 hours of getting your prescriber's supporting statement.

B13. What are generic drugs?

Generic drugs are made up of the same active ingredients as brand-name drugs. They usually cost less than the brand-name drug and usually don't have well-known names. Generic drugs are approved by the Food and Drug Administration (FDA).

Wellpoint STAR+PLUS MMP covers both brand-name drugs and generic drugs.

 If you have questions, please call Wellpoint STAR+PLUS MMP at 1-833-232-1711 (TTY:711), 24 hours a day, 7 days a week. The call is free.
For more information, visit www.wellpoint.com/tm/mmp.

B14. What are OTC drugs?

OTC stands for “over-the-counter.” Wellpoint STAR+PLUS MMP covers some OTC drugs when they are written as prescriptions by your provider.

You can read the Wellpoint STAR+PLUS MMP Drug List to find out what OTC drugs are covered.

B15. Does Wellpoint STAR+PLUS MMP cover non-drug OTC products?

Wellpoint STAR+PLUS MMP covers some non-drug OTC products when they are written as prescriptions by your provider.

Examples of non-drug OTC products include masks, and mouthpiece devices.

You can read the Wellpoint STAR+PLUS MMP Drug List to find out what non-drug OTC products are covered.

B16. What is my copay?

You can read the Wellpoint STAR+PLUS MMP Drug List to learn about the copay for each drug.

Wellpoint STAR+PLUS MMP members living in nursing homes or other long-term care facilities will have no copays. Some members getting long-term care in the community will also have no copays.

Copays are listed by tiers. Tiers are groups of drugs with the same copay.

- Tier 1 - Medicare Part D preferred generic and brand-name drugs.
The copay is \$0.
- Tier 2 - Medicare Part D preferred and non-preferred generic and brand-name drugs.
The copay is from \$0 to \$11.20 depending on your income.
- Tier 3 - Texas Medicaid State approved prescription generic and brand-name drugs.
The copay is \$0.
- Tier 4 - Texas Medicaid State approved over-the-counter (OTC) drugs that require a prescription from your provider.
The copay is \$0.



If you have questions, please call Wellpoint STAR+PLUS MMP at **1-833-232-1711** (TTY:711), 24 hours a day, 7 days a week. The call is free.
For more information, visit www.wellpoint.com/tx/mmp.

C. Overview of the List of Covered Drugs

The following list of covered drugs gives you information about the drugs covered by Wellpoint STAR+PLUS MMP. If you have trouble finding your drug in the list, turn to the Index of Covered Drugs that begins on page 169. The index alphabetically lists all drugs covered by Wellpoint STAR+PLUS MMP.

The first column of the chart lists the name of the drug. Brand name drugs are capitalized (e.g., SPIRIVA RESPIMAT) and generic drugs are listed in lower case italics (e.g., atenolol).

The information in the "Necessary actions, restrictions or limits on use" column tells you if Wellpoint STAR+PLUS MMP has any rules for covering your drug.

Note: The asterisk (*) next to a drug means the drug is not a "Part D drug." The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage).

- In addition, if you are getting Extra Help to pay for your prescriptions, you will not get any Extra Help to pay for these drugs. For more information on Extra Help, please refer to the call-out box below.

Extra Help is a Medicare program that helps people with limited incomes and resources reduce Medicare Part D prescription drug costs, such as premiums, deductibles, and copays. Extra Help is also called the "Low-Income Subsidy," or "LIS."

- These drugs also have different rules for appeals. An appeal is a formal way of asking us to review a coverage decision and to change it if you think we made a mistake. For example, we might decide that a drug that you want is not covered or is no longer covered by Medicare or Texas Medicaid.
- If you or your doctor disagrees with our decision, you can appeal. To ask for instructions on how to appeal, call Pharmacy Member Services at 1-833-232-1711 (TTY: 711), 24 hours a day, 7 days a week. You can also read Chapter 9 of the *Member Handbook* to learn how to appeal a decision.

 **If you have questions**, please call **Wellpoint STAR+PLUS MMP** at **1-833-232-1711** (TTY:711), 24 hours a day, 7 days a week. The call is free.
For more information, visit www.wellpoint.com/tm/mmp.

C1. Drugs Grouped by Medical Condition

The drugs in this section are grouped into categories depending on the type of medical conditions they are used to treat. For example, if you have a heart condition, you should look in the category, Cardiovascular Agents. That is where you will find drugs that treat heart conditions.

Here are the meanings of the codes used in the “Necessary actions, restrictions or limits on use” column:

- **B/D PA:** This prescription drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
- **LA:** Limited Access. This prescription may be available only at certain pharmacies. For more information, please call Pharmacy Member Services at **1-833-232-1711 (TTY: 711), 24 hours a day, 7 days a week.**
- **MO:** Mail-Order Drug. This prescription drug is available through our mail-order service, as well as through our retail network pharmacies. Consider using mail-order for your long-term (maintenance) medications (such as high blood pressure medications). Retail network pharmacies may be more appropriate for short-term prescriptions (such as antibiotics).
- **NEDS:** Nonextended day supply drugs include specialty drugs. Specialty drugs fill to a 30-day supply.
- **PA:** Prior Authorization Required. The plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval before you fill your prescriptions. If you don't get approval, we may not cover the drug.
- **QL:** Quantity Limit. For certain drugs, the plan limits the amount of the drug that we will cover.
- **ST:** Step Therapy. In some cases, the plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

 If you have questions, please call Wellpoint STAR+PLUS MMP at **1-833-232-1711 (TTY:711), 24 hours a day, 7 days a week.** The call is free.

For more information, visit www.wellpoint.com/tx/mmp.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
ANALGESICS AND ANTI-INFLAMMATORY AGENTS		
<i>acetaminophen-codeine oral solution</i>	Tier 2	QL (900 per 30 days); NEDS
<i>acetaminophen-codeine oral tablet</i>	Tier 2	QL (180 per 30 days); NEDS
<i>allopurinol oral tablet 100 mg, 300 mg</i>	Tier 2	MO
<i>butorphanol tartrate injection</i>	Tier 2	
<i>butorphanol tartrate nasal</i>	Tier 2	QL (5 per 30 days); NEDS
<i>celecoxib oral</i>	Tier 2	MO
<i>colchicine oral</i>	Tier 1	
<i>colchicine-probenecid</i>	Tier 2	MO
<i>diclofenac potassium oral tablet 50 mg</i>	Tier 2	MO
<i>diclofenac sodium er</i>	Tier 2	MO
<i>diclofenac sodium external gel 1 %</i>	Tier 2	QL (1000 per 30 days)
<i>diclofenac sodium gel 1 % external (otc)</i>	Tier 4	[*]
<i>diclofenac sodium oral</i>	Tier 2	MO
<i>diflunisal oral</i>	Tier 2	MO
<i>duramorph</i>	Tier 2	
<i>ec-naproxen</i>	Tier 2	MO
<i>ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG</i>	Tier 2	QL (180 per 30 days); NEDS
<i>etodolac oral</i>	Tier 2	MO
<i>febuxostat</i>	Tier 2	ST; MO
<i>fenoprofen calcium oral tablet</i>	Tier 2	MO
<i>fentanyl citrate buccal lozenge on a handle</i>	Tier 2	PA; QL (120 per 30 days); NEDS
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	Tier 2	PA; QL (15 per 30 days); NEDS
<i>flurbiprofen oral tablet 100 mg</i>	Tier 2	MO
<i>GLYDO EXTERNAL PREFILLED SYRINGE</i>	Tier 2	
<i>hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml</i>	Tier 2	QL (2700 per 30 days); NEDS

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	Tier 2	QL (180 per 30 days); NEDS
hydrocodone-ibuprofen oral tablet 5-200 mg, 7.5-200 mg	Tier 2	QL (50 per 10 days); NEDS
hydromorphone hcl oral tablet	Tier 2	QL (180 per 30 days); NEDS
IBU	Tier 2	MO
ibuprofen oral suspension	Tier 2	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	Tier 2	MO
indomethacin er	Tier 2	PA; MO
indomethacin oral capsule 25 mg, 50 mg	Tier 2	PA; MO
lidocaine external ointment 5 %	Tier 2	PA; QL (150 per 30 days)
lidocaine external patch 5 %	Tier 2	PA; QL (90 per 30 days)
lidocaine hcl (pf) injection solution 2 %	Tier 2	
lidocaine hcl external solution	Tier 2	PA; QL (300 per 30 days)
lidocaine hcl mouth/throat	Tier 2	PA; QL (300 per 30 days)
lidocaine hcl urethral/mucosal	Tier 2	
lidocaine viscous hcl	Tier 2	
lidocaine-prilocaine external cream	Tier 2	QL (30 per 30 days)
meclofenamate sodium oral	Tier 2	MO
meloxicam oral tablet	Tier 2	MO
METHADONE HCL INTENSOL	Tier 2	QL (180 per 30 days); NEDS
methadone hcl oral concentrate	Tier 2	QL (180 per 30 days); NEDS
methadone hcl oral solution	Tier 2	QL (900 per 30 days); NEDS
methadone hcl oral tablet	Tier 2	PA; QL (180 per 30 days); NEDS
morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml	Tier 2	QL (180 per 30 days); NEDS
morphine sulfate (pf) injection solution 0.5 mg/ml, 1 mg/ml, 10 mg/ml, 4 mg/ml, 8 mg/ml	Tier 2	
morphine sulfate (pf) intravenous solution 1 mg/ml, 10 mg/ml, 2 mg/ml, 8 mg/ml	Tier 2	

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
morphine sulfate er oral tablet extended release 100 mg, 200 mg	Tier 2	PA; QL (60 per 30 days); NEDS
morphine sulfate er oral tablet extended release 15 mg, 30 mg, 60 mg	Tier 2	PA; QL (90 per 30 days); NEDS
morphine sulfate injection solution 2 mg/ml, 4 mg/ml, 50 mg/ml	Tier 2	
morphine sulfate intravenous solution 10 mg/ml, 4 mg/ml, 50 mg/ml, 8 mg/ml	Tier 2	
morphine sulfate oral solution 20 mg/5ml	Tier 2	QL (900 per 30 days); NEDS
morphine sulfate oral tablet	Tier 2	QL (180 per 30 days); NEDS
nabumetone oral	Tier 2	MO
naproxen dr oral tablet delayed release 500 mg	Tier 2	MO
naproxen oral tablet	Tier 2	MO
naproxen oral tablet delayed release	Tier 2	MO
naproxen sodium oral tablet 275 mg, 550 mg	Tier 2	MO
oxaprozin oral tablet	Tier 2	MO
oxycodone hcl oral capsule	Tier 2	QL (180 per 30 days); NEDS
oxycodone hcl oral concentrate 100 mg/5ml	Tier 2	QL (180 per 30 days); NEDS
oxycodone hcl oral tablet	Tier 2	QL (180 per 30 days); NEDS
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	Tier 2	QL (180 per 30 days); NEDS
piroxicam oral	Tier 2	MO
probenecid oral	Tier 2	MO
RELAFEN	Tier 2	MO
sulindac oral	Tier 2	MO
tramadol hcl oral tablet 50 mg	Tier 2	QL (240 per 30 days); NEDS
tramadol-acetaminophen	Tier 2	QL (40 per 5 days); NEDS
ANTINEOPLASTICS		
abiraterone acetate oral tablet 250 mg	Tier 2	PA; QL (120 per 30 days)
abiraterone acetate oral tablet 500 mg	Tier 2	PA; QL (60 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
ADRIAMYCIN INTRAVENOUS SOLUTION	Tier 2	B/D PA
<i>adriamycin intravenous solution reconstituted 10 mg</i>	Tier 2	B/D PA
ADRIAMYCIN INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	Tier 2	B/D PA
AKEEGA	Tier 2	PA; QL (30 per 30 days)
ALECensa	Tier 2	PA; QL (240 per 30 days); LA
ALUNBRIG ORAL TABLET 180 MG	Tier 2	PA; QL (30 per 30 days); LA
ALUNBRIG ORAL TABLET 30 MG	Tier 2	PA; QL (180 per 30 days); LA
ALUNBRIG ORAL TABLET 90 MG	Tier 2	PA; QL (60 per 30 days); LA
ALUNBRIG ORAL TABLET THERAPY PACK	Tier 2	PA; QL (30 per 180 days); LA
<i>anastrozole oral</i>	Tier 2	QL (30 per 30 days); MO
AUGTYRO	Tier 2	PA; QL (240 per 30 days)
AVASTIN	Tier 2	PA; LA
AYVAKIT	Tier 2	PA; QL (30 per 30 days); LA
<i>azacitidine</i>	Tier 2	PA; LA
BALVERSA ORAL TABLET 3 MG	Tier 2	PA; QL (90 per 30 days); LA
BALVERSA ORAL TABLET 4 MG	Tier 2	PA; QL (60 per 30 days); LA
BALVERSA ORAL TABLET 5 MG	Tier 2	PA; QL (30 per 30 days); LA
BAVENCIO	Tier 2	PA; LA
<i>bendamustine hcl intravenous solution</i>	Tier 2	B/D PA
BENDEKA	Tier 2	B/D PA
BESREMI	Tier 2	PA; LA
<i>bexarotene oral</i>	Tier 2	PA; QL (300 per 30 days)
<i>bicalutamide</i>	Tier 2	QL (30 per 30 days)
<i>bleomycin sulfate</i>	Tier 2	B/D PA
<i>bortezomib injection solution reconstituted</i>	Tier 2	PA
<i>bortezomib intravenous solution reconstituted</i>	Tier 2	PA
BOSULIF ORAL TABLET 100 MG	Tier 2	PA; QL (120 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
BOSULIF ORAL TABLET 400 MG, 500 MG	Tier 2	PA; QL (30 per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	Tier 2	PA; QL (180 per 30 days); LA
BRUKINSA	Tier 2	PA; QL (120 per 30 days); LA
CABOMETYX	Tier 2	PA; QL (30 per 30 days); LA
CALQUENCE	Tier 2	PA; QL (60 per 30 days); LA
CAPRELSA ORAL TABLET 100 MG	Tier 2	PA; QL (90 per 30 days); LA
CAPRELSA ORAL TABLET 300 MG	Tier 2	PA; QL (30 per 30 days); LA
<i>carboplatin intravenous solution</i>	Tier 2	B/D PA
<i>cisplatin intravenous solution 100 mg/100ml, 200 mg/200ml, 50 mg/50ml</i>	Tier 2	B/D PA
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	Tier 2	PA; QL (56 per 28 days); LA
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	Tier 2	PA; QL (112 per 28 days); LA
COMETRIQ (60 MG DAILY DOSE)	Tier 2	PA; QL (84 per 28 days); LA
COPIKTRA	Tier 2	PA; QL (60 per 30 days); LA
COTELLIC	Tier 2	PA; QL (90 per 30 days); LA
<i>cyclophosphamide intravenous</i>	Tier 2	
<i>cyclophosphamide oral capsule</i>	Tier 2	B/D PA
CYRAMZA	Tier 2	PA; LA
DARZALEX	Tier 2	PA; LA
DARZALEX FASPRO	Tier 2	PA
DAURISMO ORAL TABLET 100 MG	Tier 2	PA; QL (30 per 30 days); LA
DAURISMO ORAL TABLET 25 MG	Tier 2	PA; QL (60 per 30 days); LA
<i>decitabine</i>	Tier 2	
<i>docetaxel intravenous concentrate 160 mg/8ml, 20 mg/ml, 80 mg/4ml</i>	Tier 2	B/D PA
<i>docetaxel intravenous solution 160 mg/16ml, 20 mg/2ml, 80 mg/8ml</i>	Tier 2	B/D PA
<i>doxorubicin hcl</i>	Tier 2	B/D PA

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
<i>doxorubicin hcl liposomal</i>	Tier 2	PA
ELITEK	Tier 2	PA
EMCYT	Tier 2	
EMPLICITI	Tier 2	PA; LA
ENHERTU	Tier 2	PA
ERBITUX	Tier 2	PA
ERIVEDGE	Tier 2	PA; QL (30 per 30 days); LA
ERLEADA	Tier 2	PA; LA
<i>erlotinib hcl oral tablet 100 mg, 150 mg</i>	Tier 2	PA; QL (30 per 30 days)
<i>erlotinib hcl oral tablet 25 mg</i>	Tier 2	PA; QL (90 per 30 days)
<i>etoposide intravenous solution 1 gm/50ml, 100 mg/5ml, 500 mg/25ml</i>	Tier 2	B/D PA
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	Tier 2	PA
<i>everolimus oral tablet soluble</i>	Tier 2	PA
<i>exemestane</i>	Tier 2	QL (60 per 30 days); MO
EXKIVITY	Tier 2	PA; QL (120 per 30 days); LA
FIRMAGON (240 MG DOSE)	Tier 2	PA
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	Tier 2	PA
<i>fluorouracil intravenous</i>	Tier 2	B/D PA
FOTIVDA	Tier 2	PA; QL (21 per 28 days)
FRUZAQLA ORAL CAPSULE 1 MG	Tier 2	PA; QL (84 per 28 days); LA
FRUZAQLA ORAL CAPSULE 5 MG	Tier 2	PA; QL (21 per 28 days); LA
<i>fulvestrant intramuscular solution prefilled syringe</i>	Tier 2	PA
GAVRETO	Tier 2	PA; QL (120 per 30 days); LA
GAZYVA	Tier 2	PA; LA
<i>gefitinib</i>	Tier 2	PA; QL (30 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
<i>gemcitabine hcl intravenous solution 1 gm/10ml, 1 gm/26.3ml, 2 gm/20ml, 2 gm/52.6ml, 200 mg/2ml, 200 mg/5.26ml</i>	Tier 2	B/D PA
<i>gemcitabine hcl intravenous solution reconstituted</i>	Tier 2	B/D PA
GILOTRIF	Tier 2	PA; QL (30 per 30 days); LA
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	Tier 2	PA
HERCEPTIN HYLECTA	Tier 2	B/D PA
HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED 150 MG	Tier 2	B/D PA
<i>hydroxyurea oral</i>	Tier 2	
IBRANCE	Tier 2	PA; QL (21 per 28 days); LA
ICLUSIG	Tier 2	PA; QL (30 per 30 days); LA
IDHIFA ORAL TABLET 100 MG	Tier 2	PA; QL (30 per 30 days); LA
IDHIFA ORAL TABLET 50 MG	Tier 2	PA; QL (60 per 30 days); LA
<i>imatinib mesylate oral tablet 100 mg</i>	Tier 2	PA; QL (90 per 30 days)
<i>imatinib mesylate oral tablet 400 mg</i>	Tier 2	PA; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	Tier 2	PA; QL (90 per 30 days); LA
IMBRUVICA ORAL CAPSULE 70 MG	Tier 2	PA; QL (30 per 30 days); LA
IMBRUVICA ORAL SUSPENSION	Tier 2	PA; QL (216 per 27 days); LA
IMBRUVICA ORAL TABLET 140 MG	Tier 2	PA; QL (90 per 30 days); LA
IMBRUVICA ORAL TABLET 280 MG, 420 MG, 560 MG	Tier 2	PA; QL (30 per 30 days); LA
IMFINZI	Tier 2	PA; LA
INLYTA ORAL TABLET 1 MG	Tier 2	PA; QL (180 per 30 days); LA
INLYTA ORAL TABLET 5 MG	Tier 2	PA; QL (120 per 30 days); LA
INQOVI	Tier 2	PA; QL (5 per 28 days); LA
INREBIC	Tier 2	PA; QL (120 per 30 days); LA
<i>irinotecan hcl intravenous solution 100 mg/5ml, 300 mg/15ml, 40 mg/2ml</i>	Tier 2	
<i>irinotecan hcl intravenous solution 500 mg/25ml</i>	Tier 2	B/D PA

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
JAKAFI	Tier 2	PA; QL (60 per 30 days); LA
JAYPIRCA ORAL TABLET 100 MG	Tier 2	PA; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 50 MG	Tier 2	PA; QL (30 per 30 days)
JEVTANA	Tier 2	PA
KADCYLA	Tier 2	PA
KEYTRUDA INTRAVENOUS SOLUTION	Tier 2	PA
KISQALI (200 MG DOSE)	Tier 2	PA; QL (21 per 21 days)
KISQALI (400 MG DOSE)	Tier 2	PA; QL (42 per 21 days)
KISQALI (600 MG DOSE)	Tier 2	PA; QL (63 per 21 days)
KISQALI FEMARA (200 MG DOSE)	Tier 2	PA; QL (49 per 28 days)
KISQALI FEMARA (400 MG DOSE)	Tier 2	PA; QL (70 per 28 days)
KISQALI FEMARA (600 MG DOSE)	Tier 2	PA; QL (91 per 28 days)
KRAZATI	Tier 2	PA; QL (180 per 30 days)
KYPROLIS	Tier 2	PA; LA
<i>lapatinib ditosylate</i>	Tier 2	PA; QL (180 per 30 days)
<i>lenalidomide oral capsule 10 mg</i>	Tier 2	PA; QL (60 per 30 days); LA
<i>lenalidomide oral capsule 15 mg, 2.5 mg, 20 mg, 25 mg</i>	Tier 2	PA; QL (30 per 30 days); LA
<i>lenalidomide oral capsule 5 mg</i>	Tier 2	PA; QL (150 per 30 days); LA
LENVIMA (10 MG DAILY DOSE)	Tier 2	PA; QL (30 per 30 days); LA
LENVIMA (12 MG DAILY DOSE)	Tier 2	PA; QL (90 per 30 days); LA
LENVIMA (14 MG DAILY DOSE)	Tier 2	PA; QL (60 per 30 days); LA
LENVIMA (18 MG DAILY DOSE)	Tier 2	PA; QL (90 per 30 days); LA
LENVIMA (20 MG DAILY DOSE)	Tier 2	PA; QL (60 per 30 days); LA
LENVIMA (24 MG DAILY DOSE)	Tier 2	PA; QL (90 per 30 days); LA
LENVIMA (4 MG DAILY DOSE)	Tier 2	PA; QL (30 per 30 days); LA
LENVIMA (8 MG DAILY DOSE)	Tier 2	PA; QL (60 per 30 days); LA
<i>letrozole oral</i>	Tier 2	QL (30 per 30 days); MO

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
<i>leucovorin calcium injection solution 100 mg/10ml</i>	Tier 2	
<i>leucovorin calcium injection solution reconstituted</i>	Tier 2	B/D PA
<i>leucovorin calcium oral</i>	Tier 2	
LEUKERAN	Tier 2	
<i>leuprolide acetate (3 month)</i>	Tier 2	PA
<i>leuprolide acetate injection</i>	Tier 2	PA
<i>levoleucovorin calcium intravenous solution reconstituted 50 mg</i>	Tier 2	PA
LONSURF	Tier 2	PA
LORBRENA ORAL TABLET 100 MG	Tier 2	PA; QL (30 per 30 days); LA
LORBRENA ORAL TABLET 25 MG	Tier 2	PA; QL (90 per 30 days); LA
LUMAKRAS ORAL TABLET 120 MG	Tier 2	PA; QL (240 per 30 days); LA
LUMAKRAS ORAL TABLET 320 MG	Tier 2	PA; QL (90 per 30 days)
LUPRON DEPOT (1-MONTH)	Tier 2	PA; QL (1 per 28 days)
LYNPARZA ORAL TABLET	Tier 2	PA; QL (120 per 30 days); LA
LYSODREN	Tier 2	
LYTGOBI (12 MG DAILY DOSE)	Tier 2	PA
LYTGOBI (16 MG DAILY DOSE)	Tier 2	PA
LYTGOBI (20 MG DAILY DOSE)	Tier 2	PA
MATULANE	Tier 2	LA
<i>megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml</i>	Tier 2	PA
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>	Tier 2	PA
<i>megestrol acetate tablet 20 mg oral</i>	Tier 3	[*]
<i>megestrol acetate tablet 40 mg oral</i>	Tier 3	[*]
MEKINIST ORAL SOLUTION RECONSTITUTED	Tier 2	PA; QL (1200 per 30 days)
MEKINIST ORAL TABLET 0.5 MG	Tier 2	PA; QL (90 per 30 days); LA
MEKINIST ORAL TABLET 2 MG	Tier 2	PA; QL (30 per 30 days); LA
MEKTOVI	Tier 2	PA; QL (180 per 30 days); LA

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
<i>mercaptopurine oral</i>	Tier 2	
<i>mesna</i>	Tier 2	
MESNEX ORAL	Tier 2	
<i>mitomycin intravenous</i>	Tier 2	B/D PA
MUTAMYCIN	Tier 2	B/D PA
NERLYNX	Tier 2	PA; QL (180 per 30 days); LA
<i>nilutamide</i>	Tier 2	QL (30 per 30 days)
NINLARO	Tier 2	PA; QL (3 per 28 days)
NUBEQA	Tier 2	PA; QL (120 per 30 days); LA
ODOMZO	Tier 2	PA; QL (30 per 30 days); LA
OGSIVEO	Tier 2	PA; QL (180 per 30 days)
OJJAARA	Tier 2	PA; QL (30 per 30 days); LA
ONUREG	Tier 2	PA; QL (14 per 28 days); LA
OPDIVO	Tier 2	PA; LA
ORGOVYX	Tier 2	PA; QL (32 per 30 days); LA
ORSERDU ORAL TABLET 345 MG	Tier 2	PA; QL (30 per 30 days)
ORSERDU ORAL TABLET 86 MG	Tier 2	PA; QL (90 per 30 days)
<i>oxaliplatin</i>	Tier 2	B/D PA
<i>paclitaxel intravenous concentrate 100 mg/16.7ml, 150 mg/25ml, 30 mg/5ml, 300 mg/50ml</i>	Tier 2	B/D PA
<i>paclitaxel protein-bound part</i>	Tier 2	PA
PARAPLATIN INTRAVENOUS SOLUTION 1000 MG/100ML	Tier 2	B/D PA
<i>pazopanib hcl</i>	Tier 2	PA; QL (120 per 30 days)
PEMAZYRE	Tier 2	PA; QL (14 per 21 days); LA
<i>pemetrexed disodium intravenous solution reconstituted 100 mg, 500 mg</i>	Tier 2	PA
<i>pemetrexed disodium intravenous solution reconstituted 1000 mg, 750 mg</i>	Tier 2	
PERJETA	Tier 2	PA

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
PHESGO	Tier 2	PA
PIQRAY (200 MG DAILY DOSE)	Tier 2	PA; QL (28 per 28 days)
PIQRAY (250 MG DAILY DOSE)	Tier 2	PA; QL (56 per 28 days)
PIQRAY (300 MG DAILY DOSE)	Tier 2	PA; QL (56 per 28 days)
POMALYST	Tier 2	PA; QL (21 per 28 days); LA
POTELIGEO	Tier 2	B/D PA; LA
PURIXAN	Tier 2	PA
QINLOCK	Tier 2	PA; QL (90 per 30 days)
RETEVMO ORAL CAPSULE 40 MG	Tier 2	PA; QL (180 per 30 days)
RETEVMO ORAL CAPSULE 80 MG	Tier 2	PA; QL (120 per 30 days)
REZLIDHIA	Tier 2	PA; QL (60 per 30 days); LA
RIABNI	Tier 2	B/D PA
RITUXAN HYCELA	Tier 2	B/D PA; LA
RITUXAN INTRAVENOUS SOLUTION	Tier 2	B/D PA; LA
<i>romidepsin intravenous solution reconstituted</i>	Tier 2	
ROZLYTREK ORAL CAPSULE 100 MG	Tier 2	PA; QL (150 per 30 days); LA
ROZLYTREK ORAL CAPSULE 200 MG	Tier 2	PA; QL (90 per 30 days); LA
ROZLYTREK ORAL PACKET	Tier 2	PA; QL (240 per 30 days)
RUBRACA	Tier 2	PA; QL (120 per 30 days); LA
RYBREVANT	Tier 2	PA
RYDAPT	Tier 2	PA; QL (240 per 30 days)
RYLAZE	Tier 2	PA
SARCLISA	Tier 2	PA
SCEMBLIX ORAL TABLET 20 MG	Tier 2	PA; QL (60 per 30 days)
SCEMBLIX ORAL TABLET 40 MG	Tier 2	PA; QL (300 per 30 days)
SOLTAMOX	Tier 2	MO
<i>sorafenib tosylate</i>	Tier 2	PA; QL (120 per 30 days)
SPRYCEL	Tier 2	PA; QL (30 per 30 days)
STIVARGA	Tier 2	PA; QL (84 per 28 days); LA

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
<i>sunitinib malate</i>	Tier 2	PA; QL (30 per 30 days)
SYNRIBO	Tier 2	PA
TABLOID	Tier 2	
TABRECTA	Tier 2	PA; QL (120 per 30 days)
TAFINLAR ORAL CAPSULE	Tier 2	PA; QL (120 per 30 days); LA
TAFINLAR ORAL TABLET SOLUBLE	Tier 2	PA; QL (900 per 30 days)
TAGRISSO	Tier 2	PA; QL (30 per 30 days); LA
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG	Tier 2	PA; QL (30 per 30 days)
TALZENNA ORAL CAPSULE 0.25 MG	Tier 2	PA; QL (90 per 30 days); LA
TALZENNA ORAL CAPSULE 0.5 MG, 0.75 MG, 1 MG	Tier 2	PA; QL (30 per 30 days); LA
<i>tamoxifen citrate oral</i>	Tier 2	MO
TASIGNA	Tier 2	PA; QL (112 per 28 days)
TAZVERIK	Tier 2	PA; QL (240 per 30 days); LA
TECENTRIQ INTRAVENOUS SOLUTION 1200 MG/20ML	Tier 2	PA; QL (20 per 21 days); LA
TECENTRIQ INTRAVENOUS SOLUTION 840 MG/14ML	Tier 2	PA; QL (28 per 28 days); LA
TECVAYLI	Tier 2	PA
TEPMETKO	Tier 2	PA; QL (60 per 30 days); LA
THALOMID ORAL CAPSULE 100 MG, 50 MG	Tier 2	PA; QL (30 per 30 days)
THALOMID ORAL CAPSULE 150 MG, 200 MG	Tier 2	PA; QL (60 per 30 days)
TIBSOVO	Tier 2	PA; QL (60 per 30 days); LA
TICE BCG	Tier 2	B/D PA
<i>toremifene citrate</i>	Tier 2	QL (30 per 30 days)
<i>tretinoïn oral</i>	Tier 2	
TRODELVY	Tier 2	PA
TRUQAP	Tier 2	PA; QL (64 per 28 days)
TRUSELTIQ (100MG DAILY DOSE)	Tier 2	PA; QL (21 per 28 days); LA
TRUSELTIQ (125MG DAILY DOSE)	Tier 2	PA; QL (42 per 28 days); LA

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
TRUSELTIQ (50MG DAILY DOSE)	Tier 2	PA; QL (42 per 28 days); LA
TRUSELTIQ (75MG DAILY DOSE)	Tier 2	PA; QL (63 per 28 days); LA
TUKYSA	Tier 2	PA; QL (120 per 30 days); LA
TURALIO ORAL CAPSULE 125 MG	Tier 2	PA; QL (120 per 30 days); LA
VANFLYTA	Tier 2	PA; QL (56 per 28 days)
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5ML, 400 MG/20ML	Tier 2	PA
VENCLEXTA ORAL TABLET 10 MG	Tier 2	PA; QL (60 per 30 days); LA
VENCLEXTA ORAL TABLET 100 MG	Tier 2	PA; QL (180 per 30 days); LA
VENCLEXTA ORAL TABLET 50 MG	Tier 2	PA; QL (30 per 30 days); LA
VENCLEXTA STARTING PACK	Tier 2	PA; LA
VERZENIO	Tier 2	PA; QL (60 per 30 days); LA
<i>vinblastine sulfate intravenous solution</i>	Tier 2	B/D PA
<i>vincristine sulfate intravenous</i>	Tier 2	B/D PA
<i>vinorelbine tartrate</i>	Tier 2	B/D PA
VITRAKVI ORAL CAPSULE 100 MG	Tier 2	PA; QL (60 per 30 days); LA
VITRAKVI ORAL CAPSULE 25 MG	Tier 2	PA; QL (180 per 30 days); LA
VITRAKVI ORAL SOLUTION	Tier 2	PA; QL (300 per 30 days); LA
VIZIMPRO	Tier 2	PA; QL (30 per 30 days); LA
VONJO	Tier 2	PA; QL (120 per 30 days); LA
WELIREG	Tier 2	PA; QL (90 per 30 days); LA
XALKORI ORAL CAPSULE	Tier 2	PA; QL (120 per 30 days); LA
XALKORI ORAL CAPSULE SPRINKLE 150 MG	Tier 2	PA; QL (90 per 30 days)
XALKORI ORAL CAPSULE SPRINKLE 20 MG	Tier 2	PA; QL (120 per 30 days)
XALKORI ORAL CAPSULE SPRINKLE 50 MG	Tier 2	PA; QL (60 per 30 days)
XOSPATA	Tier 2	PA; QL (90 per 30 days); LA
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	Tier 2	PA; QL (8 per 28 days); LA
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	Tier 2	PA; QL (4 per 28 days); LA

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	Tier 2	PA; QL (8 per 28 days); LA
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	Tier 2	PA; QL (4 per 28 days); LA
XPOVIO (60 MG TWICE WEEKLY)	Tier 2	PA; QL (24 per 28 days); LA
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	Tier 2	PA; QL (8 per 28 days); LA
XPOVIO (80 MG TWICE WEEKLY)	Tier 2	PA; QL (32 per 28 days); LA
XTANDI ORAL CAPSULE	Tier 2	PA; QL (120 per 30 days); LA
XTANDI ORAL TABLET 40 MG	Tier 2	PA; QL (120 per 30 days)
XTANDI ORAL TABLET 80 MG	Tier 2	PA; QL (60 per 30 days)
YEROVY	Tier 2	PA
YONSA	Tier 2	PA; QL (120 per 30 days)
ZEJULA ORAL CAPSULE	Tier 2	PA; QL (90 per 30 days); LA
ZEJULA ORAL TABLET 100 MG	Tier 2	PA; QL (90 per 30 days)
ZEJULA ORAL TABLET 200 MG, 300 MG	Tier 2	PA; QL (30 per 30 days)
ZELBORA F	Tier 2	PA; QL (240 per 30 days); LA
ZEPZELCA	Tier 2	PA
ZOLINZA	Tier 2	PA; QL (120 per 30 days)
ZYDELIG	Tier 2	PA; QL (60 per 30 days); LA
ZYKADIA ORAL TABLET	Tier 2	PA; QL (90 per 30 days); LA

BLOOD PRODUCTS AND MODIFIERS

anagrelide hcl	Tier 2	MO
aspirin-dipyridamole er	Tier 2	ST; QL (60 per 30 days); MO
BRILINTA	Tier 2	QL (60 per 30 days); MO
cilostazol	Tier 2	MO
CINRYZE	Tier 2	PA; LA
clopidogrel bisulfate oral tablet 300 mg	Tier 1	QL (1 per 30 days)
clopidogrel bisulfate oral tablet 75 mg	Tier 1	QL (30 per 30 days); MO

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
dabigatran etexilate mesylate oral capsule 150 mg, 75 mg	Tier 2	QL (60 per 30 days); MO
DROXIA	Tier 2	MO
ELIQUIS	Tier 2	QL (60 per 30 days); MO
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	Tier 2	QL (74 per 180 days)
ENDARI	Tier 2	LA
enoxaparin sodium injection solution 300 mg/3ml	Tier 2	QL (168 per 28 days)
enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 150 mg/ml	Tier 2	QL (56 per 28 days)
enoxaparin sodium injection solution prefilled syringe 120 mg/0.8ml, 80 mg/0.8ml	Tier 2	QL (44.8 per 28 days)
enoxaparin sodium injection solution prefilled syringe 30 mg/0.3ml	Tier 2	QL (16.8 per 28 days)
enoxaparin sodium injection solution prefilled syringe 40 mg/0.4ml	Tier 2	QL (22.4 per 28 days)
enoxaparin sodium injection solution prefilled syringe 60 mg/0.6ml	Tier 2	QL (33.6 per 28 days)
fondaparinux sodium subcutaneous solution 10 mg/0.8ml	Tier 2	QL (24 per 30 days)
fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml	Tier 2	QL (15 per 30 days)
fondaparinux sodium subcutaneous solution 5 mg/0.4ml	Tier 2	QL (12 per 30 days)
fondaparinux sodium subcutaneous solution 7.5 mg/0.6ml	Tier 2	QL (18 per 30 days)
FULPHILA	Tier 2	PA; QL (1.2 per 28 days)
heparin (porcine) in nacl intravenous solution 12500-0.45 ut/250ml-%, 25000-0.45 ut/250ml-%, 25000-0.45 ut/500ml-%	Tier 2	B/D PA
heparin sod (porcine) in d5w intravenous solution 100 unit/ml, 25000-5 ut/500ml-%, 40-5 unit/ml-%	Tier 2	

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml	Tier 2	B/D PA
icatibant acetate	Tier 2	PA
JANTOVEN	Tier 1	MO
MOZOBIL	Tier 2	PA
NEULASTA ONPRO	Tier 2	PA; QL (1.2 per 28 days)
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 2	PA; QL (1.2 per 28 days)
pentoxifylline er	Tier 2	MO
phytonadione solution 10 mg/ml injection	Tier 3	[*]
phytonadione tablet 5 mg oral	Tier 3	[*]
plerixafor	Tier 2	PA
PRADAXA ORAL CAPSULE 110 MG	Tier 2	QL (60 per 30 days); MO
prasugrel hcl	Tier 2	QL (30 per 30 days); MO
PROCRT	Tier 2	PA
PROMACTA ORAL PACKET 12.5 MG	Tier 2	PA; QL (360 per 30 days); LA
PROMACTA ORAL PACKET 25 MG	Tier 2	PA; QL (180 per 30 days); LA
PROMACTA ORAL TABLET 12.5 MG, 25 MG	Tier 2	PA; QL (30 per 30 days); LA
PROMACTA ORAL TABLET 50 MG	Tier 2	PA; QL (90 per 30 days); LA
PROMACTA ORAL TABLET 75 MG	Tier 2	PA; QL (60 per 30 days); LA
SAJAZIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 2	PA
tranexamic acid intravenous solution 1000 mg/10ml	Tier 2	
tranexamic acid oral	Tier 2	
vitamin k1 solution 10 mg/ml injection	Tier 3	[*]
warfarin sodium oral	Tier 1	MO
XARELTO ORAL SUSPENSION RECONSTITUTED	Tier 2	QL (600 per 30 days); MO
XARELTO ORAL TABLET 10 MG, 20 MG	Tier 2	QL (30 per 30 days); MO

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
XARELTO ORAL TABLET 15 MG, 2.5 MG	Tier 2	QL (60 per 30 days); MO
XARELTO STARTER PACK	Tier 2	
ZARXIO	Tier 2	PA
CARDIOVASCULAR AGENTS		
<i>acebutolol hcl oral</i>	Tier 1	MO
<i>acetazolamide oral</i>	Tier 2	MO
<i>aliskiren fumarate</i>	Tier 2	MO
<i>amiloride hcl oral</i>	Tier 2	MO
<i>amiloride-hydrochlorothiazide</i>	Tier 2	MO
<i>amiodarone hcl intravenous</i>	Tier 2	B/D PA
<i>amiodarone hcl oral</i>	Tier 2	MO
<i>amlodipine besy-benazepril hcl</i>	Tier 1	MO
<i>amlodipine besylate oral</i>	Tier 1	MO
<i>amlodipine besylate-valsartan</i>	Tier 2	QL (30 per 30 days); MO
<i>amlodipine-olmesartan</i>	Tier 2	QL (30 per 30 days); MO
<i>amlodipine-valsartan-hctz</i>	Tier 2	QL (30 per 30 days); MO
<i>atenolol oral</i>	Tier 1	MO
<i>atenolol-chlorthalidone</i>	Tier 1	MO
<i>atorvastatin calcium oral</i>	Tier 1	QL (30 per 30 days); MO
<i>benazepril hcl oral</i>	Tier 1	MO
<i>benazepril-hydrochlorothiazide</i>	Tier 1	MO
<i>betaxolol hcl oral</i>	Tier 1	MO
<i>bisoprolol fumarate oral</i>	Tier 1	MO
<i>bisoprolol-hydrochlorothiazide</i>	Tier 1	MO
<i>bumetanide injection</i>	Tier 2	
<i>bumetanide oral</i>	Tier 2	MO
<i>candesartan cilexetil oral tablet 16 mg, 4 mg, 8 mg</i>	Tier 1	QL (60 per 30 days); MO
<i>candesartan cilexetil oral tablet 32 mg</i>	Tier 1	QL (30 per 30 days); MO

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
candesartan cilexetil-hctz oral tablet 16-12.5 mg	Tier 1	QL (60 per 30 days); MO
candesartan cilexetil-hctz oral tablet 32-12.5 mg, 32-25 mg	Tier 1	QL (30 per 30 days); MO
CARTIA XT	Tier 1	MO
carvedilol	Tier 1	MO
chlorthalidone oral tablet 25 mg, 50 mg	Tier 2	MO
cholestyramine light	Tier 2	MO
cholestyramine oral	Tier 2	MO
clonidine	Tier 2	QL (4 per 28 days); MO
clonidine hcl oral	Tier 2	MO
colestipol hcl	Tier 2	MO
CORLANOR ORAL SOLUTION	Tier 2	PA; QL (560 per 28 days); MO
CORLANOR ORAL TABLET	Tier 2	PA; QL (60 per 30 days); MO
DIGOX ORAL TABLET 125 MCG	Tier 2	QL (30 per 30 days); MO
DIGOX ORAL TABLET 250 MCG	Tier 2	PA; QL (60 per 30 days); MO
digoxin oral solution	Tier 2	MO
digoxin oral tablet 125 mcg, 62.5 mcg	Tier 2	QL (30 per 30 days); MO
digoxin oral tablet 250 mcg	Tier 2	PA; QL (60 per 30 days); MO
dilt-xr	Tier 1	MO
diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	Tier 1	MO
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	Tier 1	MO
diltiazem hcl er coated beads oral capsule extended release 24 hour 360 mg	Tier 2	MO
diltiazem hcl er oral capsule extended release 12 hour	Tier 1	MO
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	Tier 1	MO

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
diltiazem hcl oral	Tier 1	MO
dofetilide	Tier 2	
doxazosin mesylate oral	Tier 1	MO
droxidopa oral capsule 100 mg	Tier 2	PA; QL (90 per 30 days)
droxidopa oral capsule 200 mg, 300 mg	Tier 2	PA; QL (180 per 30 days)
enalapril maleate oral tablet	Tier 1	MO
enalapril-hydrochlorothiazide	Tier 1	MO
ENDUR-ACIN TABLET EXTENDED RELEASE 250 MG ORAL	Tier 4	[*]
ENDUR-ACIN TABLET EXTENDED RELEASE 500 MG ORAL	Tier 4	[*]
ENTRESTO ORAL TABLET 24-26 MG	Tier 2	QL (180 per 30 days); MO
ENTRESTO ORAL TABLET 49-51 MG, 97-103 MG	Tier 2	QL (60 per 30 days); MO
eplerenone	Tier 2	MO
ezetimibe	Tier 2	MO
felodipine er	Tier 1	MO
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	Tier 2	MO
fenofibrate oral capsule 134 mg, 200 mg, 67 mg	Tier 2	MO
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	Tier 2	MO
fenofibric acid oral capsule delayed release	Tier 2	MO
flecainide acetate	Tier 2	MO
flosinopril sodium	Tier 1	MO
flosinopril sodium-hctz	Tier 1	MO
furosemide injection	Tier 2	
furosemide oral solution 10 mg/ml, 8 mg/ml	Tier 2	MO
furosemide oral tablet	Tier 1	MO
gemfibrozil oral	Tier 2	MO
hydralazine hcl injection	Tier 2	

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
hydralazine hcl oral	Tier 2	MO
hydrochlorothiazide oral	Tier 1	MO
indapamide oral	Tier 2	MO
irbesartan	Tier 1	QL (30 per 30 days); MO
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg	Tier 1	QL (60 per 30 days); MO
irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg	Tier 1	QL (30 per 30 days); MO
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	Tier 2	MO
isosorbide mononitrate	Tier 2	MO
isosorbide mononitrate er	Tier 2	MO
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 5 MG	Tier 2	PA; LA
JUXTAPID ORAL CAPSULE 30 MG	Tier 2	PA; QL (30 per 30 days); LA
kp niacin tablet 500 mg oral	Tier 4	[*]
labetalol hcl intravenous solution	Tier 1	
labetalol hcl oral	Tier 1	MO
lisinopril oral	Tier 1	MO
lisinopril-hydrochlorothiazide	Tier 1	MO
losartan potassium oral tablet 100 mg	Tier 1	QL (30 per 30 days); MO
losartan potassium oral tablet 25 mg, 50 mg	Tier 1	QL (60 per 30 days); MO
losartan potassium-hctz	Tier 1	QL (30 per 30 days); MO
lovastatin oral	Tier 1	QL (60 per 30 days); MO
metolazone	Tier 2	MO
metoprolol succinate er	Tier 1	MO
metoprolol tartrate intravenous solution 5 mg/5ml	Tier 1	
metoprolol tartrate oral	Tier 1	MO
metoprolol-hydrochlorothiazide	Tier 1	MO
metyrosine	Tier 2	

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
<i>mexiletine hcl oral</i>	Tier 2	MO
<i>midodrine hcl</i>	Tier 2	
<i>minoxidil oral</i>	Tier 2	MO
MULTAQ	Tier 2	QL (60 per 30 days); MO
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	Tier 1	MO
<i>niacin (antihyperlipidemic)</i>	Tier 2	
<i>niacin er (antihyperlipidemic)</i>	Tier 2	MO
<i>niacin er capsule extended release 250 mg oral</i>	Tier 4	[*]
<i>niacin er tablet extended release 250 mg oral</i>	Tier 4	[*]
<i>niacin er tablet extended release 500 mg oral</i>	Tier 4	[*]
<i>niacin tablet 100 mg oral</i>	Tier 4	[*]
<i>niacin tablet 50 mg oral</i>	Tier 4	[*]
<i>niacin tablet 500 mg oral</i>	Tier 4	[*]
NIACOR	Tier 2	
NIAVASC TABLET EXTENDED RELEASE 500 MG ORAL	Tier 4	[*]
<i>nicardipine hcl oral</i>	Tier 1	MO
<i>nifedipine er</i>	Tier 1	MO
<i>nifedipine er osmotic release</i>	Tier 1	MO
<i>nimodipine oral</i>	Tier 1	
NITRO-BID	Tier 2	MO
<i>nitroglycerin intravenous</i>	Tier 2	B/D PA
<i>nitroglycerin sublingual</i>	Tier 2	MO
<i>nitroglycerin transdermal patch 24 hour</i>	Tier 2	MO
<i>olmesartan-amldipine-hctz</i>	Tier 2	QL (30 per 30 days); MO
<i>omega-3-acid ethyl esters</i>	Tier 2	MO
PACERONE ORAL TABLET 100 MG, 200 MG, 400 MG	Tier 2	MO
<i>pindolol</i>	Tier 1	MO
<i>plain niacin tablet 500 mg oral</i>	Tier 4	[*]

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
PRALUENT SUBCUTANEOUS SOLUTION AUTO- INJECTOR	Tier 2	PA; QL (2 per 28 days); MO
<i>pravastatin sodium</i>	Tier 1	QL (30 per 30 days); MO
<i>prazosin hcl oral</i>	Tier 1	MO
PREVALITE	Tier 2	MO
<i>propafenone hcl</i>	Tier 2	MO
<i>propranolol hcl er</i>	Tier 1	MO
<i>propranolol hcl intravenous</i>	Tier 1	
<i>propranolol hcl oral</i>	Tier 1	MO
<i>quinapril hcl</i>	Tier 1	MO
<i>quinapril-hydrochlorothiazide</i>	Tier 1	MO
<i>quinidine sulfate oral</i>	Tier 2	MO
<i>ra niacin tablet 100 mg oral</i>	Tier 4	[*]
<i>ra niacin tablet 500 mg oral</i>	Tier 4	[*]
<i>ramipril</i>	Tier 1	MO
<i>ranolazine er</i>	Tier 2	PA; MO
REPATHA	Tier 2	PA; QL (3 per 28 days); MO
REPATHA PUSHTRONEX SYSTEM	Tier 2	PA; QL (3.5 per 28 days); MO
REPATHA SURECLICK	Tier 2	PA; QL (3 per 28 days); MO
<i>rosuvastatin calcium</i>	Tier 2	QL (30 per 30 days); MO
<i>simvastatin oral tablet</i>	Tier 1	QL (30 per 30 days); MO
SLO-NIACIN TABLET EXTENDED RELEASE 250 MG ORAL	Tier 4	[*]
SLO-NIACIN TABLET EXTENDED RELEASE 500 MG ORAL	Tier 4	[*]
<i>sm niacin cr tablet extended release 250 mg oral</i>	Tier 4	[*]
SORINE	Tier 1	MO
<i>sotalol hcl (af)</i>	Tier 1	MO
<i>sotalol hcl oral</i>	Tier 1	MO
<i>spironolactone oral tablet</i>	Tier 2	MO

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
spironolactone-hctz	Tier 2	MO
TAZTIA XT	Tier 1	MO
telmisartan oral tablet 20 mg, 40 mg	Tier 2	QL (30 per 30 days); MO
telmisartan oral tablet 80 mg	Tier 2	QL (60 per 30 days); MO
telmisartan-amlodipine oral tablet 80-5 mg	Tier 2	QL (30 per 30 days); MO
telmisartan-hctz oral tablet 40-12.5 mg, 80-25 mg	Tier 2	QL (30 per 30 days); MO
telmisartan-hctz oral tablet 80-12.5 mg	Tier 2	QL (60 per 30 days); MO
terazosin hcl oral	Tier 1	MO
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	Tier 1	MO
timolol maleate oral	Tier 1	MO
torsemide oral	Tier 2	MO
trandolapril	Tier 1	MO
triamterene-hctz oral capsule 37.5-25 mg	Tier 2	MO
triamterene-hctz oral tablet	Tier 2	MO
valsartan oral tablet 160 mg	Tier 2	QL (60 per 30 days); MO
valsartan oral tablet 320 mg	Tier 2	QL (30 per 30 days); MO
valsartan oral tablet 40 mg, 80 mg	Tier 2	QL (90 per 30 days); MO
valsartan-hydrochlorothiazide	Tier 1	QL (30 per 30 days); MO
VASCEPA	Tier 2	MO
VECAMYL	Tier 2	MO
verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg	Tier 1	MO
verapamil hcl er oral capsule extended release 24 hour 360 mg	Tier 2	MO
verapamil hcl er oral tablet extended release	Tier 1	MO
verapamil hcl intravenous	Tier 1	
verapamil hcl oral	Tier 1	MO

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
VERQUVO	Tier 2	PA; MO
CENTRAL NERVOUS SYSTEM AGENTS		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML	Tier 2	QL (2.4 per 56 days)
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 960 MG/3.2ML	Tier 2	QL (3.2 per 56 days)
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	Tier 2	QL (1 per 28 days); MO
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	Tier 2	QL (1 per 28 days); MO
<i>acamprosate calcium</i>	Tier 2	MO
<i>adult aspirin regimen tablet delayed release 81 mg oral</i>	Tier 4	[*]
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-Injector 140 MG/ML	Tier 2	PA; QL (1 per 28 days); MO
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-Injector 70 MG/ML	Tier 2	PA; QL (2 per 28 days); MO
<i>alprazolam oral tablet</i>	Tier 2	QL (90 per 30 days)
<i>amantadine hcl oral capsule</i>	Tier 2	MO
<i>amantadine hcl oral solution</i>	Tier 2	MO
<i>amantadine hcl oral tablet</i>	Tier 2	MO
<i>amitriptyline hcl oral</i>	Tier 2	MO
<i>amoxapine</i>	Tier 2	PA; MO
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	Tier 2	PA; QL (90 per 30 days); MO
<i>amphetamine-dextroamphetamine oral tablet 30 mg</i>	Tier 2	PA; QL (60 per 30 days); MO
<i>apomorphine hcl subcutaneous</i>	Tier 2	PA; QL (60 per 30 days)
APTIOM	Tier 2	ST; MO
<i>ariPIPrazole oral solution</i>	Tier 1	QL (900 per 30 days); MO
<i>ariPIPrazole oral tablet 10 mg, 15 mg, 2 mg, 5 mg</i>	Tier 1	MO

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
ariPIPrazole oral tablet 20 mg, 30 mg	Tier 1	QL (30 per 30 days); MO
ariPIPrazole oral tablet dispersible 10 mg	Tier 1	QL (90 per 30 days); MO
ariPIPrazole oral tablet dispersible 15 mg	Tier 1	QL (60 per 30 days); MO
asenapine maleate sublingual tablet sublingual 10 mg	Tier 2	QL (60 per 30 days); MO
asenapine maleate sublingual tablet sublingual 2.5 mg	Tier 2	QL (240 per 30 days); MO
asenapine maleate sublingual tablet sublingual 5 mg	Tier 2	QL (120 per 30 days); MO
aspirin low dose tablet chewable 81 mg oral	Tier 4	[*]
aspirin low dose tablet delayed release 81 mg oral	Tier 4	[*]
aspirin tablet 325 mg oral	Tier 4	[*]
aspirin tablet chewable 81 mg oral	Tier 4	[*]
atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg	Tier 2	QL (60 per 30 days); MO
atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg	Tier 2	QL (30 per 30 days); MO
AUBAGIO	Tier 2	PA; QL (30 per 30 days); LA
AUSTEDO	Tier 2	PA; QL (120 per 30 days)
AUVELITY	Tier 2	PA; QL (60 per 30 days); MO
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	Tier 2	PA; QL (4 per 28 days)
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	Tier 2	PA; QL (4 per 28 days)
baclofen oral tablet 10 mg, 5 mg	Tier 2	QL (90 per 30 days)
baclofen oral tablet 20 mg	Tier 2	QL (120 per 30 days)
benztropine mesylate oral	Tier 2	PA; MO
BETASERON SUBCUTANEOUS KIT	Tier 2	PA; QL (15 per 30 days)
BRIVIACT INTRAVENOUS	Tier 2	
BRIVIACT ORAL SOLUTION	Tier 2	QL (600 per 30 days); MO
BRIVIACT ORAL TABLET	Tier 2	QL (60 per 30 days); MO
bromocriptine mesylate oral	Tier 2	MO

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
buprenorphine hcl injection	Tier 2	
buprenorphine hcl sublingual tablet sublingual 2 mg	Tier 2	QL (240 per 30 days); NEDS
buprenorphine hcl sublingual tablet sublingual 8 mg	Tier 2	QL (60 per 30 days); NEDS
buprenorphine hcl-naloxone hcl sublingual film 12-3 mg	Tier 2	QL (60 per 30 days); NEDS
buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg	Tier 2	QL (480 per 30 days); NEDS
buprenorphine hcl-naloxone hcl sublingual film 4-1 mg	Tier 2	QL (240 per 30 days); NEDS
buprenorphine hcl-naloxone hcl sublingual film 8-2 mg	Tier 2	QL (120 per 30 days); NEDS
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg	Tier 1	QL (480 per 30 days); NEDS
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg	Tier 1	QL (120 per 30 days); NEDS
bupropion hcl er (smoking det)	Tier 2	QL (60 per 30 days); MO
bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg	Tier 2	QL (120 per 30 days); MO
bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg, 200 mg	Tier 2	QL (60 per 30 days); MO
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg	Tier 2	QL (90 per 30 days); MO
bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg	Tier 2	QL (30 per 30 days); MO
bupropion hcl oral tablet 100 mg	Tier 2	QL (135 per 30 days); MO
bupropion hcl oral tablet 75 mg	Tier 2	QL (180 per 30 days); MO
buspirone hcl oral	Tier 2	
caffeine tablet 200 mg oral	Tier 4	[*]
CAPLYTA	Tier 2	QL (30 per 30 days); MO
carbamazepine er	Tier 2	MO
carbamazepine oral	Tier 2	MO

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
<i>carbidopa oral</i>	Tier 2	MO
<i>carbidopa-levodopa</i>	Tier 2	MO
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	Tier 2	MO
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	Tier 2	MO
<i>carisoprodol oral tablet 350 mg</i>	Tier 2	
<i>chlordiazepoxide-amitriptyline</i>	Tier 2	PA; MO
<i>chlorpromazine hcl injection</i>	Tier 2	
<i>chlorpromazine hcl oral</i>	Tier 2	MO
<i>citalopram hydrobromide oral solution</i>	Tier 2	QL (600 per 30 days); MO
<i>citalopram hydrobromide oral tablet 10 mg</i>	Tier 2	QL (120 per 30 days); MO
<i>citalopram hydrobromide oral tablet 20 mg</i>	Tier 2	QL (60 per 30 days); MO
<i>citalopram hydrobromide oral tablet 40 mg</i>	Tier 2	QL (30 per 30 days); MO
<i>clobazam oral suspension</i>	Tier 2	PA; QL (480 per 30 days); MO
<i>clobazam oral tablet 10 mg</i>	Tier 2	PA; QL (120 per 30 days); MO
<i>clobazam oral tablet 20 mg</i>	Tier 2	PA; QL (60 per 30 days); MO
<i>clomipramine hcl oral</i>	Tier 2	PA; MO
<i>clonazepam oral tablet 0.5 mg</i>	Tier 2	QL (1200 per 30 days)
<i>clonazepam oral tablet 1 mg</i>	Tier 2	QL (600 per 30 days)
<i>clonazepam oral tablet 2 mg</i>	Tier 2	QL (300 per 30 days)
<i>clonazepam oral tablet dispersible 0.125 mg</i>	Tier 2	QL (4800 per 30 days)
<i>clonazepam oral tablet dispersible 0.25 mg</i>	Tier 2	QL (2400 per 30 days)
<i>clonazepam oral tablet dispersible 0.5 mg</i>	Tier 2	QL (1200 per 30 days)
<i>clonazepam oral tablet dispersible 1 mg</i>	Tier 2	QL (600 per 30 days)
<i>clonazepam oral tablet dispersible 2 mg</i>	Tier 2	QL (300 per 30 days)
<i>clorazepate dipotassium</i>	Tier 2	
<i>clozapine oral tablet 100 mg</i>	Tier 1	QL (270 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
<i>clozapine oral tablet 200 mg</i>	Tier 1	QL (120 per 30 days)
<i>clozapine oral tablet 25 mg</i>	Tier 1	QL (1080 per 30 days)
<i>clozapine oral tablet 50 mg</i>	Tier 1	QL (540 per 30 days)
<i>clozapine oral tablet dispersible 100 mg</i>	Tier 1	QL (270 per 30 days)
<i>clozapine oral tablet dispersible 12.5 mg</i>	Tier 1	QL (2160 per 30 days)
<i>clozapine oral tablet dispersible 150 mg</i>	Tier 1	QL (180 per 30 days)
<i>clozapine oral tablet dispersible 200 mg</i>	Tier 1	QL (120 per 30 days)
<i>clozapine oral tablet dispersible 25 mg</i>	Tier 1	QL (1080 per 30 days)
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	Tier 2	PA; QL (30 per 30 days)
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	Tier 2	PA; QL (12 per 28 days)
<i>cyclobenzaprine hcl oral</i>	Tier 2	PA
<i>dalfampridine er</i>	Tier 2	PA; QL (60 per 30 days)
<i>dantrolene sodium oral</i>	Tier 2	
<i>desipramine hcl oral</i>	Tier 2	PA; MO
<i>desvenlafaxine er</i>	Tier 2	QL (30 per 30 days); MO
<i>desvenlafaxine succinate er</i>	Tier 2	MO
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 5 mg</i>	Tier 2	QL (60 per 30 days); MO
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg</i>	Tier 2	QL (120 per 30 days); MO
<i>dextroamphetamine sulfate oral tablet 10 mg</i>	Tier 2	QL (180 per 30 days); MO
<i>dextroamphetamine sulfate oral tablet 5 mg</i>	Tier 2	QL (90 per 30 days); MO
DIACOMIT ORAL CAPSULE 250 MG	Tier 2	PA; QL (360 per 30 days); LA
DIACOMIT ORAL CAPSULE 500 MG	Tier 2	PA; QL (180 per 30 days); LA
DIACOMIT ORAL PACKET 250 MG	Tier 2	PA; QL (360 per 30 days); LA
DIACOMIT ORAL PACKET 500 MG	Tier 2	PA; QL (180 per 30 days); LA
<i>diazepam injection</i>	Tier 2	
DIAZEPAM INTENSOL	Tier 2	QL (240 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
diazepam oral concentrate	Tier 2	QL (240 per 30 days)
diazepam oral solution 5 mg/5ml	Tier 2	QL (1200 per 30 days)
diazepam oral tablet 10 mg	Tier 2	QL (120 per 30 days)
diazepam oral tablet 2 mg	Tier 2	QL (600 per 30 days)
diazepam oral tablet 5 mg	Tier 2	QL (240 per 30 days)
diazepam rectal	Tier 2	
dihydroergotamine mesylate nasal	Tier 2	QL (8 per 28 days)
DILANTIN ORAL CAPSULE	Tier 2	MO
disulfiram oral	Tier 2	MO
divalproex sodium er oral tablet extended release 24 hour	Tier 2	MO
divalproex sodium oral capsule delayed release sprinkle	Tier 2	MO
divalproex sodium oral tablet delayed release	Tier 2	MO
donepezil hcl oral tablet 10 mg, 5 mg	Tier 2	QL (30 per 30 days); MO
donepezil hcl oral tablet dispersible	Tier 2	QL (30 per 30 days); MO
doxepin hcl oral capsule	Tier 2	PA; MO
doxepin hcl oral concentrate	Tier 2	PA; MO
duloxetine hcl oral capsule delayed release particles 20 mg	Tier 2	QL (180 per 30 days); MO
duloxetine hcl oral capsule delayed release particles 30 mg	Tier 2	QL (120 per 30 days); MO
duloxetine hcl oral capsule delayed release particles 40 mg	Tier 2	QL (90 per 30 days); MO
duloxetine hcl oral capsule delayed release particles 60 mg	Tier 2	QL (60 per 30 days); MO
effervescent antacid/pain rel tablet effervescent 500 mg oral	Tier 4	[*]
EMSAM	Tier 2	PA; QL (30 per 30 days); MO
entacapone	Tier 2	MO
EPIDIOLEX	Tier 2	PA; LA

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
EPITOL	Tier 2	MO
EPRONTIA	Tier 2	MO
<i>ergoloid mesylates oral</i>	Tier 2	PA; MO
ERGOMAR	Tier 2	
<i>ergotamine-caffeine</i>	Tier 2	
<i>escitalopram oxalate oral solution</i>	Tier 2	QL (600 per 30 days); MO
<i>escitalopram oxalate oral tablet 10 mg</i>	Tier 2	QL (60 per 30 days); MO
<i>escitalopram oxalate oral tablet 20 mg</i>	Tier 2	QL (30 per 30 days); MO
<i>escitalopram oxalate oral tablet 5 mg</i>	Tier 2	QL (120 per 30 days); MO
<i>ethosuximide oral</i>	Tier 2	MO
EXTAVIA SUBCUTANEOUS KIT	Tier 2	PA; QL (15 per 30 days)
FANAPT ORAL TABLET 1 MG	Tier 2	QL (720 per 30 days)
FANAPT ORAL TABLET 10 MG, 12 MG	Tier 2	QL (60 per 30 days)
FANAPT ORAL TABLET 2 MG	Tier 2	QL (360 per 30 days)
FANAPT ORAL TABLET 4 MG	Tier 2	QL (180 per 30 days)
FANAPT ORAL TABLET 6 MG	Tier 2	QL (120 per 30 days)
FANAPT ORAL TABLET 8 MG	Tier 2	QL (90 per 30 days)
FANAPT TITRATION PACK	Tier 2	
<i>felbamate</i>	Tier 2	MO
FETZIMA	Tier 2	PA; QL (30 per 30 days); MO
FETZIMA TITRATION	Tier 2	PA
<i>fingolimod hcl</i>	Tier 2	PA; QL (30 per 30 days)
FINTEPLA	Tier 2	PA; LA
<i>fluoxetine hcl oral capsule 10 mg</i>	Tier 2	MO
<i>fluoxetine hcl oral capsule 20 mg</i>	Tier 2	QL (120 per 30 days); MO
<i>fluoxetine hcl oral capsule 40 mg</i>	Tier 2	QL (60 per 30 days); MO
<i>fluoxetine hcl oral solution</i>	Tier 2	QL (600 per 30 days); MO
<i>fluphenazine decanoate injection</i>	Tier 1	
<i>fluphenazine hcl injection</i>	Tier 1	

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
fluphenazine hcl oral	Tier 1	MO
fluvoxamine maleate oral tablet 100 mg	Tier 2	QL (90 per 30 days); MO
fluvoxamine maleate oral tablet 25 mg, 50 mg	Tier 2	MO
FYCOMPA ORAL SUSPENSION	Tier 2	QL (720 per 30 days); MO
FYCOMPA ORAL TABLET	Tier 2	QL (30 per 30 days); MO
gabapentin oral capsule 100 mg	Tier 1	QL (1080 per 30 days); MO
gabapentin oral capsule 300 mg	Tier 1	QL (360 per 30 days); MO
gabapentin oral capsule 400 mg	Tier 1	QL (270 per 30 days); MO
gabapentin oral solution	Tier 2	QL (2160 per 30 days); MO
gabapentin oral tablet 600 mg	Tier 1	QL (180 per 30 days); MO
gabapentin oral tablet 800 mg	Tier 1	QL (120 per 30 days); MO
GILENYA ORAL CAPSULE 0.25 MG	Tier 2	PA; QL (30 per 30 days)
goodsense nicotine lozenge 2 mg mouth/throat	Tier 4	[*]
guanfacine hcl er	Tier 2	PA; QL (30 per 30 days); MO
haloperidol decanoate intramuscular	Tier 1	
haloperidol lactate injection	Tier 1	
haloperidol lactate oral	Tier 1	MO
haloperidol oral	Tier 1	MO
ibuprofen pm tablet 200-38 mg oral	Tier 4	[*]
imipramine hcl oral	Tier 2	PA; MO
INGREZZA ORAL CAPSULE 40 MG	Tier 2	PA; QL (60 per 30 days)
INGREZZA ORAL CAPSULE 60 MG, 80 MG	Tier 2	PA; QL (30 per 30 days)
INGREZZA ORAL CAPSULE THERAPY PACK	Tier 2	PA; QL (56 per 365 days)
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML	Tier 2	QL (3.5 per 180 days)
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1560 MG/5ML	Tier 2	QL (5 per 180 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	Tier 2	QL (0.75 per 28 days)

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	Tier 2	QL (1 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	Tier 2	QL (1.5 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	Tier 2	QL (0.25 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	Tier 2	QL (0.5 per 28 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML	Tier 2	QL (0.88 per 84 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML	Tier 2	QL (1.32 per 84 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML	Tier 2	QL (1.75 per 84 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML	Tier 2	QL (2.63 per 84 days)
<i>lacosamide intravenous</i>	Tier 2	QL (1200 per 30 days)
<i>lacosamide oral solution</i>	Tier 2	QL (1200 per 30 days); MO
<i>lacosamide oral tablet</i>	Tier 2	QL (60 per 30 days); MO
<i>lamotrigine oral tablet</i>	Tier 2	MO
<i>lamotrigine oral tablet chewable</i>	Tier 2	MO
<i>levetiracetam er oral tablet extended release 24 hour 500 mg</i>	Tier 2	QL (180 per 30 days); MO
<i>levetiracetam er oral tablet extended release 24 hour 750 mg</i>	Tier 2	QL (120 per 30 days); MO
<i>levetiracetam intravenous</i>	Tier 2	
<i>levetiracetam oral</i>	Tier 2	MO
<i>lithium</i>	Tier 2	MO
<i>lithium carbonate er</i>	Tier 1	MO
<i>lithium carbonate oral</i>	Tier 1	MO
LORAZEPAM INTENSOL	Tier 2	QL (150 per 30 days)
<i>lorazepam oral concentrate</i>	Tier 2	QL (150 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	Tier 2	QL (90 per 30 days)
<i>lorazepam oral tablet 2 mg</i>	Tier 2	QL (150 per 30 days)
<i>loxapine succinate oral</i>	Tier 2	MO
<i>lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	Tier 2	QL (30 per 30 days); MO
<i>lurasidone hcl oral tablet 80 mg</i>	Tier 2	QL (60 per 30 days); MO
<i>LYBALVI</i>	Tier 2	QL (30 per 30 days); MO
<i>MARPLAN</i>	Tier 2	MO
<i>memantine hcl er</i>	Tier 2	PA; QL (30 per 30 days); MO
<i>memantine hcl oral solution 2 mg/ml</i>	Tier 2	PA; QL (300 per 30 days); MO
<i>memantine hcl oral tablet 10 mg</i>	Tier 2	PA; QL (60 per 30 days); MO
<i>memantine hcl oral tablet 5 mg</i>	Tier 2	PA; QL (90 per 30 days); MO
<i>menstrual pain relief tablet 500-25-15 mg oral</i>	Tier 4	[*]
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	Tier 2	
<i>methsuximide</i>	Tier 2	MO
<i>methylphenidate hcl oral tablet</i>	Tier 2	PA; QL (90 per 30 days); MO
<i>migraine relief tablet 250-250-65 mg oral</i>	Tier 4	[*]
<i>mirtazapine oral tablet 15 mg, 30 mg, 7.5 mg</i>	Tier 2	MO
<i>mirtazapine oral tablet 45 mg</i>	Tier 2	QL (30 per 30 days); MO
<i>mirtazapine oral tablet dispersible</i>	Tier 2	QL (30 per 30 days); MO
<i>modafinil oral tablet 100 mg</i>	Tier 2	PA; QL (30 per 30 days); MO
<i>modafinil oral tablet 200 mg</i>	Tier 2	PA; QL (60 per 30 days); MO
<i>molindone hcl</i>	Tier 2	MO
<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>	Tier 1	
<i>naloxone hcl injection solution cartridge</i>	Tier 1	
<i>naloxone hcl injection solution prefilled syringe</i>	Tier 1	
<i>naloxone hcl nasal</i>	Tier 2	
<i>naltrexone hcl oral</i>	Tier 2	

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK	Tier 2	
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Tier 2	MO
NAYZILAM	Tier 2	
<i>nefazodone hcl</i>	Tier 2	MO
NEUPRO	Tier 2	QL (30 per 30 days); MO
<i>nicotine kit 21-14-7 mg/24hr transdermal</i>	Tier 4	[*]
<i>nicotine mini lozenge 2 mg mouth/throat</i>	Tier 4	[*]
<i>nicotine mini lozenge 4 mg mouth/throat</i>	Tier 4	[*]
<i>nicotine patch 24 hour 14 mg/24hr transdermal (otc)</i>	Tier 4	[*]
<i>nicotine patch 24 hour 21 mg/24hr transdermal (otc)</i>	Tier 4	[*]
<i>nicotine patch 24 hour 7 mg/24hr transdermal (otc)</i>	Tier 4	[*]
<i>nicotine polacrilex gum 2 mg mouth/throat</i>	Tier 4	[*]
<i>nicotine polacrilex gum 4 mg mouth/throat</i>	Tier 4	[*]
<i>nicotine polacrilex lozenge 2 mg mouth/throat</i>	Tier 4	[*]
<i>nicotine polacrilex lozenge 4 mg mouth/throat</i>	Tier 4	[*]
<i>nicotine polacrilex mini lozenge 2 mg mouth/throat</i>	Tier 4	[*]
<i>nicotine step 1 patch 24 hour 21 mg/24hr transdermal</i>	Tier 4	[*]
<i>nicotine step 2 patch 24 hour 14 mg/24hr transdermal</i>	Tier 4	[*]
<i>nicotine step 3 patch 24 hour 7 mg/24hr transdermal</i>	Tier 4	[*]
NICOTROL NS	Tier 2	QL (120 per 30 days)
<i>nortriptyline hcl oral</i>	Tier 2	MO
NUEDEXTA	Tier 2	PA; QL (60 per 30 days); MO
NUPLAZID ORAL CAPSULE	Tier 2	PA; QL (30 per 30 days); LA

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
NUPLAZID ORAL TABLET 10 MG	Tier 2	PA; QL (30 per 30 days); LA
NURTEC	Tier 2	PA; QL (16 per 30 days)
<i>olanzapine intramuscular</i>	Tier 1	QL (90 per 30 days)
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 5 mg, 7.5 mg</i>	Tier 1	MO
<i>olanzapine oral tablet 20 mg</i>	Tier 1	QL (30 per 30 days); MO
<i>olanzapine oral tablet dispersible 10 mg, 15 mg, 5 mg</i>	Tier 1	MO
<i>olanzapine oral tablet dispersible 20 mg</i>	Tier 1	QL (30 per 30 days); MO
<i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 6-50 mg</i>	Tier 2	QL (30 per 30 days); MO
<i>olanzapine-fluoxetine hcl oral capsule 3-25 mg, 6-25 mg</i>	Tier 2	QL (90 per 30 days); MO
<i>oxcarbazepine</i>	Tier 2	MO
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg</i>	Tier 1	QL (30 per 30 days); MO
<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	Tier 1	QL (60 per 30 days); MO
<i>paroxetine hcl oral suspension</i>	Tier 2	QL (900 per 30 days); MO
<i>paroxetine hcl oral tablet 10 mg, 40 mg</i>	Tier 2	QL (45 per 30 days); MO
<i>paroxetine hcl oral tablet 20 mg</i>	Tier 2	QL (30 per 30 days); MO
<i>paroxetine hcl oral tablet 30 mg</i>	Tier 2	QL (60 per 30 days); MO
<i>perphenazine oral</i>	Tier 1	MO
PERSERIS	Tier 2	QL (1 per 28 days); MO
<i>phenelzine sulfate oral</i>	Tier 2	MO
<i>phenobarbital oral elixir</i>	Tier 2	PA; QL (3000 per 30 days); MO
<i>phenobarbital oral tablet 100 mg, 15 mg, 30 mg, 60 mg, 64.8 mg, 97.2 mg</i>	Tier 2	PA; QL (120 per 30 days); MO
<i>phenobarbital oral tablet 16.2 mg, 32.4 mg</i>	Tier 2	PA; QL (210 per 30 days); MO
PHENYTEK	Tier 2	MO
PHENYTOIN INFATABS	Tier 2	MO

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
phenytoin oral	Tier 2	MO
phenytoin sodium extended	Tier 2	MO
pimozide	Tier 2	MO
pramipexole dihydrochloride	Tier 2	MO
pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	Tier 2	MO
pregabalin oral capsule 200 mg	Tier 2	QL (90 per 30 days); MO
pregabalin oral capsule 225 mg, 300 mg	Tier 2	QL (60 per 30 days); MO
pregabalin oral solution	Tier 2	QL (900 per 30 days); MO
primidone oral	Tier 2	MO
protriptyline hcl	Tier 2	PA; MO
pyridostigmine bromide oral solution	Tier 2	
pyridostigmine bromide oral tablet	Tier 2	
qc pain reliever pm ex st tablet 25-500 mg oral	Tier 4	[*]
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg	Tier 2	QL (30 per 30 days); MO
quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg	Tier 2	QL (60 per 30 days); MO
quetiapine fumarate oral tablet 100 mg	Tier 1	QL (240 per 30 days); MO
quetiapine fumarate oral tablet 150 mg	Tier 1	QL (150 per 30 days); MO
quetiapine fumarate oral tablet 200 mg	Tier 1	QL (120 per 30 days); MO
quetiapine fumarate oral tablet 25 mg	Tier 1	QL (960 per 30 days); MO
quetiapine fumarate oral tablet 300 mg	Tier 1	QL (80 per 30 days); MO
quetiapine fumarate oral tablet 400 mg	Tier 1	QL (60 per 30 days); MO
quetiapine fumarate oral tablet 50 mg	Tier 1	QL (480 per 30 days); MO
ramelteon	Tier 2	QL (30 per 30 days)
rasagiline mesylate oral	Tier 2	MO
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG	Tier 2	QL (60 per 30 days); MO
REXULTI ORAL TABLET 3 MG, 4 MG	Tier 2	QL (30 per 30 days); MO

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
riluzole	Tier 2	
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	Tier 2	QL (2 per 28 days)
<i>risperidone oral solution</i>	Tier 1	QL (480 per 30 days); MO
<i>risperidone oral tablet 0.25 mg</i>	Tier 1	QL (1920 per 30 days); MO
<i>risperidone oral tablet 0.5 mg</i>	Tier 1	QL (960 per 30 days); MO
<i>risperidone oral tablet 1 mg</i>	Tier 1	QL (480 per 30 days); MO
<i>risperidone oral tablet 2 mg</i>	Tier 1	QL (240 per 30 days); MO
<i>risperidone oral tablet 3 mg, 4 mg</i>	Tier 1	QL (120 per 30 days); MO
<i>risperidone oral tablet dispersible 0.25 mg</i>	Tier 1	QL (1920 per 30 days); MO
<i>risperidone oral tablet dispersible 0.5 mg</i>	Tier 1	QL (960 per 30 days); MO
<i>risperidone oral tablet dispersible 1 mg</i>	Tier 1	QL (480 per 30 days); MO
<i>risperidone oral tablet dispersible 2 mg</i>	Tier 1	QL (240 per 30 days); MO
<i>risperidone oral tablet dispersible 3 mg</i>	Tier 1	QL (150 per 30 days); MO
<i>risperidone oral tablet dispersible 4 mg</i>	Tier 1	QL (120 per 30 days); MO
<i>rivastigmine</i>	Tier 2	QL (30 per 30 days); MO
<i>rivastigmine tartrate</i>	Tier 2	QL (60 per 30 days); MO
<i>rizatriptan benzoate</i>	Tier 2	QL (12 per 30 days)
<i>ropinirole hcl</i>	Tier 2	MO
ROWEEPRA ORAL TABLET 500 MG	Tier 2	MO
<i>rufinamide oral suspension</i>	Tier 2	PA; QL (2400 per 30 days); MO
<i>rufinamide oral tablet 200 mg</i>	Tier 2	PA; QL (480 per 30 days); MO
<i>rufinamide oral tablet 400 mg</i>	Tier 2	PA; QL (240 per 30 days); MO
RYTARY	Tier 2	ST; MO
SAVELLA	Tier 2	QL (60 per 30 days); MO
SAVELLA TITRATION PACK	Tier 2	
SECUADO	Tier 2	QL (30 per 30 days); MO
<i>selegiline hcl oral</i>	Tier 2	MO
<i>sertraline hcl oral concentrate</i>	Tier 2	QL (300 per 30 days); MO

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
<i>sertraline hcl oral tablet 100 mg</i>	Tier 2	QL (60 per 30 days); MO
<i>sertraline hcl oral tablet 25 mg</i>	Tier 2	QL (240 per 30 days); MO
<i>sertraline hcl oral tablet 50 mg</i>	Tier 2	QL (120 per 30 days); MO
<i>sleep aid liquid 50 mg/30ml oral</i>	Tier 4	[*]
<i>sleep-aid capsule 25 mg oral</i>	Tier 4	[*]
<i>sleep-aid capsule 50 mg oral</i>	Tier 4	[*]
<i>sleep-aid tablet 25 mg oral</i>	Tier 4	[*]
SPRAVATO (56 MG DOSE)	Tier 2	PA; QL (16 per 28 days)
SPRAVATO (84 MG DOSE)	Tier 2	PA; QL (24 per 28 days)
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG	Tier 2	QL (60 per 30 days); MO
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 750 MG	Tier 2	QL (120 per 30 days); MO
SUBVENITE	Tier 2	MO
<i>sumatriptan nasal</i>	Tier 2	
<i>sumatriptan succinate oral</i>	Tier 2	QL (9 per 30 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge</i>	Tier 2	QL (6 per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector</i>	Tier 2	QL (6 per 30 days)
SYMPAZAN ORAL FILM 10 MG, 20 MG	Tier 2	PA; QL (60 per 30 days); MO
SYMPAZAN ORAL FILM 5 MG	Tier 2	PA; QL (30 per 30 days); MO
tasimelteon	Tier 2	PA; QL (30 per 30 days)
TECFIDERA ORAL	Tier 2	PA; LA
TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG	Tier 2	PA; QL (14 per 7 days); LA
TECFIDERA ORAL CAPSULE DELAYED RELEASE 240 MG	Tier 2	PA; QL (60 per 30 days); LA
TECFIDERA ORAL CAPSULE DELAYED RELEASE THERAPY PACK	Tier 2	PA; LA
<i>temazepam oral capsule 15 mg, 30 mg</i>	Tier 2	QL (30 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
tetrabenazine oral tablet 12.5 mg	Tier 2	PA; QL (240 per 30 days)
tetrabenazine oral tablet 25 mg	Tier 2	PA; QL (120 per 30 days)
thioridazine hcl oral	Tier 1	MO
thiothixene oral	Tier 1	MO
tiagabine hcl	Tier 2	MO
tizanidine hcl oral tablet	Tier 2	
tolcapone	Tier 2	PA; QL (180 per 30 days); MO
topiramate oral	Tier 2	MO
tranylcypromine sulfate	Tier 2	MO
trazodone hcl oral	Tier 2	MO
trifluoperazine hcl oral	Tier 1	MO
trihexyphenidyl hcl oral solution	Tier 2	PA; MO
trihexyphenidyl hcl oral tablet	Tier 2	MO
trimipramine maleate oral	Tier 2	MO
TRINTELLIX	Tier 2	QL (30 per 30 days); MO
TYSABRI	Tier 2	PA; LA
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML	Tier 2	QL (0.28 per 30 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 125 MG/0.35ML	Tier 2	QL (0.35 per 30 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 150 MG/0.42ML	Tier 2	QL (0.42 per 60 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 200 MG/0.56ML	Tier 2	QL (0.56 per 60 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 250 MG/0.7ML	Tier 2	QL (0.7 per 60 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 50 MG/0.14ML	Tier 2	QL (0.14 per 30 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 75 MG/0.21ML	Tier 2	QL (0.21 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
valproate sodium intravenous solution 100 mg/ml, 500 mg/5ml	Tier 2	
valproic acid oral capsule	Tier 2	MO
valproic acid oral solution	Tier 2	MO
VALTOCO 10 MG DOSE	Tier 2	
VALTOCO 15 MG DOSE	Tier 2	
VALTOCO 20 MG DOSE	Tier 2	
VALTOCO 5 MG DOSE	Tier 2	
varenicline tartrate (starter)	Tier 2	PA
varenicline tartrate oral tablet 0.5 mg	Tier 2	PA; QL (60 per 30 days)
varenicline tartrate oral tablet 1 mg	Tier 2	PA; QL (56 per 28 days)
varenicline tartrate oral tablet therapy pack	Tier 2	PA
venlafaxine besylate er	Tier 2	QL (60 per 30 days); MO
venlafaxine hcl	Tier 2	QL (90 per 30 days); MO
venlafaxine hcl er oral capsule extended release 24 hour 150 mg	Tier 2	QL (30 per 30 days); MO
venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg	Tier 2	QL (180 per 30 days); MO
venlafaxine hcl er oral capsule extended release 24 hour 75 mg	Tier 2	QL (90 per 30 days); MO
venlafaxine hcl er oral tablet extended release 24 hour 150 mg	Tier 2	MO
venlafaxine hcl er oral tablet extended release 24 hour 37.5 mg	Tier 2	QL (30 per 30 days); MO
venlafaxine hcl er oral tablet extended release 24 hour 75 mg	Tier 2	QL (90 per 30 days); MO
VERSACLOZ	Tier 2	QL (600 per 30 days)
vigabatrin	Tier 2	PA; QL (180 per 30 days); LA
VIGADRONE ORAL PACKET	Tier 2	PA; QL (180 per 30 days); LA
VIGADRONE ORAL TABLET	Tier 2	PA; QL (180 per 30 days)
VIGPODER	Tier 2	PA; QL (180 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
<i>vilazodone hcl</i>	Tier 2	ST; QL (30 per 30 days); MO
VRAYLAR ORAL CAPSULE	Tier 2	QL (30 per 30 days); MO
VRAYLAR ORAL CAPSULE THERAPY PACK	Tier 2	
WAKIX	Tier 2	PA; QL (60 per 30 days)
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	Tier 2	QL (56 per 28 days); MO
XCOPRI (350 MG DAILY DOSE)	Tier 2	QL (56 per 28 days); MO
XCOPRI ORAL TABLET 100 MG, 50 MG	Tier 2	QL (30 per 30 days); MO
XCOPRI ORAL TABLET 150 MG, 200 MG	Tier 2	QL (60 per 30 days); MO
XCOPRI ORAL TABLET THERAPY PACK	Tier 2	QL (56 per 365 days)
<i>zaleplon oral capsule 10 mg</i>	Tier 2	QL (60 per 30 days)
<i>zaleplon oral capsule 5 mg</i>	Tier 2	QL (30 per 30 days)
ZENZEDI ORAL TABLET 10 MG	Tier 2	QL (180 per 30 days); MO
ZENZEDI ORAL TABLET 5 MG	Tier 2	QL (90 per 30 days); MO
<i>ziprasidone hcl oral capsule 20 mg</i>	Tier 1	QL (240 per 30 days); MO
<i>ziprasidone hcl oral capsule 40 mg</i>	Tier 1	QL (120 per 30 days); MO
<i>ziprasidone hcl oral capsule 60 mg, 80 mg</i>	Tier 1	QL (60 per 30 days); MO
<i>ziprasidone mesylate</i>	Tier 2	QL (6 per 3 days)
<i>zolmitriptan oral</i>	Tier 2	QL (9 per 30 days)
<i>zolpidem tartrate oral tablet</i>	Tier 2	QL (30 per 30 days)
ZONISADE	Tier 2	MO
<i>zonisamide oral</i>	Tier 2	MO
ZTALMY	Tier 2	QL (1100 per 30 days)
ZURZUVAE	Tier 2	
ZYPREXA RELPREVV	Tier 2	QL (2 per 28 days)
DERMATOLOGICAL AGENTS		
<i>a&d ointment external</i>	Tier 4	[*]
ACCUTANE	Tier 2	
<i>acitretin</i>	Tier 2	

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
acne medication 10 gel 10 % external	Tier 4	[*]
acne medication 10 lotion 10 % external	Tier 4	[*]
acne medication 5 gel 5 % external (otc)	Tier 4	[*]
acne medication 5 lotion 5 % external	Tier 4	[*]
acyclovir external ointment	Tier 2	QL (30 per 30 days)
adapalene external gel 0.3 %	Tier 2	
adapalene gel 0.1 % external (otc)	Tier 4	[*]
ala-cort external cream	Tier 2	
alclometasone dipropionate	Tier 2	
amcinonide	Tier 2	
ammonium lactate external	Tier 2	
AMNESTEEM	Tier 2	
antifungal clotrimazole cream 1 % external	Tier 4	[*]
antiseptic skin cleanser solution 4 % external	Tier 4	[*]
athletes foot (clotrimazole) cream 1 % external	Tier 4	[*]
athletes foot powder spray aerosol powder 1 % external	Tier 4	[*]
athletes foot powder spray aerosol powder 2 % external	Tier 4	[*]
bacitracin ointment 500 unit/gm external	Tier 4	[*]
bacitracin zinc ointment 500 unit/gm external	Tier 4	[*]
bacitracin zinc-aloe ointment 500 unit/gm external	Tier 4	[*]
benzoyl peroxide gel 10 % external (otc)	Tier 4	[*]
benzoyl peroxide gel 2.5 % external (otc)	Tier 4	[*]
benzoyl peroxide gel 5 % external (otc)	Tier 4	[*]
benzoyl peroxide liquid 10 % external (otc)	Tier 4	[*]
benzoyl peroxide wash liquid 10 % external (otc)	Tier 4	[*]
benzoyl peroxide wash liquid 5 % external (otc)	Tier 4	[*]
benzoyl peroxide-erythromycin	Tier 2	

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
<i>betamethasone dipropionate aug external cream</i>	Tier 2	
<i>betamethasone dipropionate aug external lotion</i>	Tier 2	
<i>betamethasone dipropionate aug external ointment</i>	Tier 2	
<i>betamethasone dipropionate external</i>	Tier 2	
<i>betamethasone valerate external cream</i>	Tier 2	
<i>betamethasone valerate external lotion</i>	Tier 2	
<i>betamethasone valerate external ointment</i>	Tier 2	
<i>bexarotene external</i>	Tier 2	PA; QL (60 per 30 days)
<i>blue gel gel 2 % external</i>	Tier 4	[*]
<i>calamine clear lotion 1-0.1 % external</i>	Tier 4	[*]
<i>calamine plus lotion 1-8 % external</i>	Tier 4	[*]
<i>calcipotriene external cream</i>	Tier 2	QL (120 per 30 days)
<i>calcipotriene external ointment</i>	Tier 2	QL (120 per 30 days)
<i>calcipotriene external solution</i>	Tier 2	QL (60 per 30 days)
CALCITRENE	Tier 2	QL (120 per 30 days)
<i>caldyphen clear lotion 1-0.1 % external</i>	Tier 4	[*]
CAPEX	Tier 2	
<i>capsaicin cream 0.025 % external</i>	Tier 4	[*]
<i>chest rub ointment external</i>	Tier 4	[*]
<i>chlorhexidine gluconate mouth/throat</i>	Tier 2	
CICLODAN EXTERNAL SOLUTION	Tier 2	
<i>ciclopirox external</i>	Tier 2	
<i>ciclopirox olamine external cream</i>	Tier 2	QL (90 per 30 days)
<i>ciclopirox olamine external suspension</i>	Tier 2	
CLARAVIS	Tier 2	
CLINDACIN	Tier 2	QL (100 per 30 days)
CLINDACIN ETZ EXTERNAL SWAB	Tier 2	
CLINDACIN-P	Tier 2	

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
clindamycin phosphate external gel	Tier 2	
clindamycin phosphate external lotion	Tier 2	QL (120 per 30 days)
clindamycin phosphate external solution	Tier 2	QL (120 per 30 days)
clindamycin phosphate external swab	Tier 2	
clobetasol prop emollient base	Tier 2	QL (120 per 30 days)
clobetasol propionate e	Tier 2	QL (120 per 30 days)
clobetasol propionate external cream	Tier 2	QL (120 per 30 days)
clobetasol propionate external solution	Tier 2	QL (50 per 30 days)
clotrimazole anti-fungal cream 1 % external (otc)	Tier 4	[*]
clotrimazole cream 1 % external (otc)	Tier 4	[*]
clotrimazole external cream 1 %	Tier 2	
clotrimazole external solution 1 %	Tier 2	
clotrimazole mouth/throat troche	Tier 2	QL (150 per 30 days)
clotrimazole solution 1 % external (otc)	Tier 4	[*]
clotrimazole-betamethasone external cream	Tier 2	QL (120 per 30 days)
COATS ALOE CREAM 0.5 % EXTERNAL	Tier 4	[*]
COATS ALOE GEL 0.5 % EXTERNAL	Tier 4	[*]
COATS ALOE LOTION 0.5 % EXTERNAL	Tier 4	[*]
corn & callus remover liquid 17 % external	Tier 4	[*]
COZIMA CREAM 24 % EXTERNAL	Tier 4	[*]
desoximetasone external cream	Tier 2	QL (100 per 30 days)
desoximetasone external gel	Tier 2	
desoximetasone external ointment	Tier 2	
diaper rash ointment 40 % external	Tier 4	[*]
dibucaine ointment 1 % external	Tier 4	[*]
docosanol cream 10 % external (otc)	Tier 4	[*]
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML	Tier 2	PA; QL (4.56 per 28 days)

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 MG/2ML	Tier 2	PA; QL (8 per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	Tier 2	PA; QL (1.34 per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	Tier 2	PA; QL (4.56 per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	Tier 2	PA; QL (8 per 28 days)
<i>ery</i>	Tier 2	
<i>erythromycin external gel</i>	Tier 2	
<i>erythromycin external solution</i>	Tier 2	
<i>fluocinolone acetonide body</i>	Tier 2	QL (120 per 30 days)
<i>fluocinolone acetonide external</i>	Tier 2	QL (120 per 30 days)
<i>fluocinolone acetonide scalp</i>	Tier 2	QL (120 per 30 days)
<i>fluocinonide emulsified base</i>	Tier 2	QL (240 per 30 days)
<i>fluocinonide external cream 0.05 %</i>	Tier 2	QL (240 per 30 days)
<i>fluocinonide external gel</i>	Tier 2	QL (240 per 30 days)
<i>fluocinonide external ointment</i>	Tier 2	QL (240 per 30 days)
<i>fluocinonide external solution</i>	Tier 2	QL (240 per 30 days)
<i>fluorouracil external cream 5 %</i>	Tier 2	
<i>fluorouracil external solution</i>	Tier 2	
<i>fluticasone propionate external</i>	Tier 2	
FUNGOID TINCTURE SOLUTION 2 % EXTERNAL	Tier 4	[*]
<i>gentamicin sulfate external</i>	Tier 2	QL (30 per 30 days)
<i>gnp lice treatment liquid 1 % external</i>	Tier 4	[*]
<i>halobetasol propionate external cream</i>	Tier 2	
<i>halobetasol propionate external ointment</i>	Tier 2	
<i>hemorrhoidal cream 1-0.25-14.4-15 % external</i>	Tier 4	[*]
<i>hemorrhoidal ointment 0.25-14-74.9 % rectal</i>	Tier 4	[*]
<i>hemorrhoidal suppository 0.25-88.44 % rectal</i>	Tier 4	[*]

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
hydrocortisone (perianal)	Tier 2	
hydrocortisone external cream 1 %, 2.5 %	Tier 2	
hydrocortisone external lotion 2.5 %	Tier 2	
hydrocortisone external ointment 1 %, 2.5 %	Tier 2	
hydrocortisone valerate	Tier 2	
imiquimod external cream 5 %	Tier 2	
isotretinoin oral	Tier 2	
ketoconazole external cream	Tier 2	QL (120 per 30 days)
ketoconazole external shampoo 2 %	Tier 2	QL (120 per 30 days)
KLAYESTA	Tier 2	
KOURZEQ	Tier 2	
lice killing shampoo 0.33-4 % external	Tier 4	[*]
lice treatment creme rinse liquid 1 % external	Tier 4	[*]
lindane external shampoo	Tier 2	
mafénide acetate external	Tier 2	
malathion external	Tier 2	
medi-pads pad 50 % external	Tier 4	[*]
medicated callus removers pad 40 % external	Tier 4	[*]
medicated corn removers pad 40 % external	Tier 4	[*]
methoxsalen rapid	Tier 2	
metronidazole external cream	Tier 2	
metronidazole external gel 0.75 %	Tier 2	
metronidazole external lotion	Tier 2	
miconazole nitrate cream 2 % external (otc)	Tier 4	[*]
mometasone furoate external	Tier 2	
mupirocin calcium	Tier 2	QL (30 per 30 days)
mupirocin external	Tier 2	QL (120 per 30 days)
MYORISAN	Tier 2	
NYAMYC	Tier 2	

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
<i>nystatin external</i>	Tier 2	
<i>nystatin mouth/throat</i>	Tier 2	
<i>nystatin-triamcinolone external cream</i>	Tier 2	
NYSTOP	Tier 2	
ORALONE	Tier 2	
<i>pain relieving cream external</i>	Tier 4	[*]
PANRETIN	Tier 2	
<i>penciclovir</i>	Tier 2	QL (5 per 30 days)
PERIOGARD	Tier 2	
<i>permethrin external cream</i>	Tier 2	
<i>pilocarpine hcl oral</i>	Tier 2	MO
<i>pimecrolimus</i>	Tier 2	PA; QL (100 per 30 days)
<i>podofilox external solution</i>	Tier 2	
<i>poly bacitracin ointment 500-10000 unit/gm external</i>	Tier 4	[*]
<i>povidone-iodine solution 10 % external</i>	Tier 4	[*]
<i>pramoxine hcl (perianal) foam 1 % external</i>	Tier 4	[*]
PROCTO-MED HC EXTERNAL	Tier 2	
PROCTOSOL HC EXTERNAL	Tier 2	
PROCTOZONE-HC EXTERNAL	Tier 2	
RECTIV	Tier 2	QL (30 per 30 days)
SANTYL	Tier 2	QL (30 per 30 days)
<i>selenium sulfide external lotion</i>	Tier 2	
<i>silver sulfadiazine external</i>	Tier 2	
SSD	Tier 2	
<i>sulfacetamide sodium (acne)</i>	Tier 2	
SULFAMYLYON EXTERNAL CREAM	Tier 2	
<i>tacrolimus external ointment</i>	Tier 2	PA; QL (100 per 30 days)
<i>tazarotene external cream</i>	Tier 2	PA

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
tazarotene external gel	Tier 2	PA
terbinafine hcl cream 1 % external	Tier 4	[*]
tolnaftate cream 1 % external	Tier 4	[*]
tolnaftate powder 1 % external	Tier 4	[*]
tretinoin external cream	Tier 2	PA; QL (45 per 30 days)
tretinoin external gel 0.01 %, 0.025 %	Tier 2	PA; QL (45 per 30 days)
triamcinolone acetonide external cream	Tier 2	QL (454 per 30 days)
triamcinolone acetonide external lotion	Tier 2	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	Tier 2	
triamcinolone acetonide mouth/throat	Tier 2	
TRIDERM EXTERNAL CREAM	Tier 2	QL (454 per 30 days)
triple antibiotic ointment 3.5-400-5000 external	Tier 4	[*]
triple antibiotic ointment external	Tier 4	[*]
triple antibiotic plus ointment 1 % external	Tier 4	[*]
triple antibiotic+pain relief ointment 1 % external	Tier 4	[*]
VALCHLOR	Tier 2	PA; LA
VANALICE GEL 0.3-3.5 % EXTERNAL	Tier 4	[*]
wart remover maximum strength liquid 17 % external	Tier 4	[*]
wart remover maximum strength strip 40 % external	Tier 4	[*]
Z-BUM CREAM 22 % EXTERNAL	Tier 4	[*]
ZENATANE	Tier 2	
zinc oxide ointment 20 % external	Tier 4	[*]
zinc oxide ointment 25 % external	Tier 4	[*]
ELECTROLYTES / MINERALS / METALS / VITAMINS		
600+d3 tablet 600-20 mg-mcg oral	Tier 4	[*]
a thru z advanced tablet oral	Tier 4	[*]
a thru z select 50+ advanced tablet oral	Tier 4	[*]

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
a thru z select advanced tablet oral	Tier 4	[*]
a thru z select tablet oral	Tier 4	[*]
a thru z select ultimate women tablet oral	Tier 4	[*]
a thru z ultimate mens tablet oral	Tier 4	[*]
a-10000 capsule 3 mg (10000 ut) oral	Tier 4	[*]
ABANEU-SL TABLET SUBLINGUAL 600-600 MCG SUBLINGUAL	Tier 3	[*]
ACCRUFER CAPSULE 30 MG ORAL	Tier 3	[*]
ADVANTAGE CARE ELECTROLYTE PED SOLUTION ORAL	Tier 4	[*]
APETEX ELIXIR ORAL	Tier 4	[*]
APETIGEN ELIXIR ORAL	Tier 4	[*]
APETIGEN-PLUS SOLUTION ORAL	Tier 4	[*]
APETIGEN-PLUS TABLET ORAL	Tier 4	[*]
aqueous vitamin e solution 15 mg/0.67ml oral	Tier 4	[*]
ascorbic acid powder oral	Tier 4	[*]
ascorbic acid tablet 500 mg oral	Tier 4	[*]
b complex (folic acid) tablet oral	Tier 4	[*]
b complex capsule oral	Tier 4	[*]
b complex formula 1 (lipotrop) tablet oral	Tier 4	[*]
b complex vitamins (w/ fa) capsule oral	Tier 4	[*]
b complex vitamins capsule oral	Tier 4	[*]
b complex-c tablet oral	Tier 4	[*]
b complex-folic acid tablet 500-5-200 mcg-mg-mcg oral	Tier 4	[*]
b-1 tablet 100 mg oral	Tier 4	[*]
b-1 tablet 250 mg oral	Tier 4	[*]
B-12 DOTS TABLET DISPERSIBLE 500 MCG ORAL	Tier 4	[*]
b-12 tablet 100 mcg oral	Tier 4	[*]
b-12 tablet 1000 mcg oral	Tier 4	[*]

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
b-12 tablet 50 mcg oral	Tier 4	[*]
b-12 tablet 500 mcg oral	Tier 4	[*]
b-12 tablet extended release 1000 mcg oral	Tier 4	[*]
b-12 tablet sublingual 2500 mcg sublingual	Tier 4	[*]
b-12 tr tablet extended release 1000 mcg oral	Tier 4	[*]
b-12 tr tablet extended release 2000 mcg oral	Tier 4	[*]
b-2 tablet 100 mg oral	Tier 4	[*]
b-2 tablet 50 mg oral	Tier 4	[*]
b-6 tablet 100 mg oral	Tier 4	[*]
b-6 tablet 50 mg oral	Tier 4	[*]
b-complex (folic acid) tablet oral	Tier 4	[*]
b-complex-c tablet oral	Tier 4	[*]
b-complex/b-12 tablet oral	Tier 4	[*]
b6 natural tablet 100 mg oral	Tier 4	[*]
BACMIN TABLET ORAL	Tier 3	[*]
balance b-100 tablet oral	Tier 4	[*]
balance b-50 tablet oral	Tier 4	[*]
beta carotene capsule 25000 unit oral	Tier 4	[*]
beta carotene provitamin a capsule 25000 unit oral	Tier 4	[*]
biocal capsule oral	Tier 4	[*]
biopetit elixir oral	Tier 4	[*]
biotin capsule 5 mg oral	Tier 4	[*]
biotin capsule 5000 mcg oral	Tier 4	[*]
biotin maximum strength capsule 5000 mcg oral	Tier 4	[*]
biotin tablet 1000 mcg oral	Tier 4	[*]
BPROTECTED MULTI-VITE LIQUID ORAL	Tier 4	[*]
BPROTECTED PEDIA IRON SOLUTION 75 (15 FE) MG/ML ORAL	Tier 4	[*]

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
BPROTECTED PEDIA TRI-VITE SOLUTION 35-412.5-10 ORAL	Tier 4	[*]
c 1000 tablet 1000 mg oral	Tier 4	[*]
c 1000-bioflavonoids-rose hips capsule 1000-25 mg oral	Tier 4	[*]
c 500 tablet 500 mg oral	Tier 4	[*]
c complex tablet extended release oral	Tier 4	[*]
c-1000 tablet 1000 mg oral	Tier 4	[*]
c-1000 tablet extended release 1000 mg oral	Tier 4	[*]
c-1000/rose hips tablet 1000 mg oral	Tier 4	[*]
c-250 tablet 250 mg oral	Tier 4	[*]
c-500 tablet 500 mg oral	Tier 4	[*]
c-500 tablet chewable 500 mg oral	Tier 4	[*]
c-500 tablet extended release 500 mg oral	Tier 4	[*]
c-500/rose hips tablet 500 mg oral	Tier 4	[*]
c-chewable tablet chewable 500 mg oral	Tier 4	[*]
cal-mag-zinc-d tablet oral	Tier 4	[*]
calcium + vitamin d3 tablet 600-10 mg-mcg oral	Tier 4	[*]
calcium + vitamin d3 tablet 600-5 mg-mcg oral	Tier 4	[*]
calcium 500 + d3 tablet 500-15 mg-mcg oral	Tier 4	[*]
calcium 500+d high potency tablet 500-10 mg-mcg oral	Tier 4	[*]
calcium 500+d tablet 500-10 mg-mcg oral	Tier 4	[*]
calcium 500+d tablet 500-5 mg-mcg oral	Tier 4	[*]
calcium 500+d3 tablet 500-10 mg-mcg oral	Tier 4	[*]
calcium 500+d3 tablet 500-5 mg-mcg oral	Tier 4	[*]
calcium 500/d tablet 500-5 mg-mcg oral	Tier 4	[*]
calcium 600 + d tablet 600-5 mg-mcg oral	Tier 4	[*]
calcium 600 +d high potency tablet 600-10 mg-mcg oral	Tier 4	[*]

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
calcium 600 high potency tablet 600 mg oral	Tier 4	[*]
calcium 600 tablet 1500 (600 ca) mg oral	Tier 4	[*]
calcium 600+d high potency tablet 600-10 mg-mcg oral	Tier 4	[*]
calcium 600+d plus minerals tablet 600-400 mg-unit oral	Tier 4	[*]
calcium 600+d plus minerals tablet chewable 600-400 mg-unit oral	Tier 4	[*]
calcium 600+d tablet 600-10 mg-mcg oral	Tier 4	[*]
calcium 600+d tablet 600-5 mg-mcg oral	Tier 4	[*]
calcium 600+d3 plus minerals tablet chewable 600-800 mg-unit oral	Tier 4	[*]
calcium 600+d3 tablet 600-10 mg-mcg oral	Tier 4	[*]
calcium 600+d3 tablet 600-20 mg-mcg oral	Tier 4	[*]
calcium 600+d3 tablet 600-5 mg-mcg oral	Tier 4	[*]
calcium 600/vitamin d tablet 600-10 mg-mcg oral	Tier 4	[*]
calcium 600/vitamin d tablet chewable 600-10 mg-mcg oral	Tier 4	[*]
calcium 600/vitamin d3 tablet 600-20 mg-mcg oral	Tier 4	[*]
calcium carb-cholecalciferol tablet 500-10 mg-mcg oral	Tier 4	[*]
calcium carb-cholecalciferol tablet 500-5 mg-mcg oral	Tier 4	[*]
calcium carb-cholecalciferol tablet 600-10 mg-mcg oral	Tier 4	[*]
calcium carb-cholecalciferol tablet 600-20 mg-mcg oral	Tier 4	[*]
calcium carb-cholecalciferol tablet 600-5 mg-mcg oral	Tier 4	[*]
calcium carb-cholecalciferol tablet chewable 500-10 mg-mcg oral	Tier 4	[*]
calcium carbonate tablet 1250 (500 ca) mg oral	Tier 4	[*]

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
calcium carbonate tablet 1500 (600 ca) mg oral	Tier 4	[*]
calcium carbonate tablet 600 mg oral	Tier 4	[*]
calcium carbonate tablet chewable 1250 (500 ca) mg oral	Tier 4	[*]
calcium carbonate-vitamin d tablet 600-5 mg-mcg oral	Tier 4	[*]
calcium citrate + d tablet 315-5 mg-mcg oral	Tier 4	[*]
calcium citrate + d3 maximum tablet 315-6.25 mg-mcg oral	Tier 4	[*]
calcium citrate + d3 tablet 315-5 mg-mcg oral	Tier 4	[*]
calcium citrate malate-vit d tablet 250-2.5 mg-mcg oral	Tier 4	[*]
calcium citrate plus/magnesium tablet oral	Tier 4	[*]
calcium citrate tablet 950 (200 ca) mg oral	Tier 4	[*]
calcium citrate+d3 tablet 315-6.25 mg-mcg oral	Tier 4	[*]
calcium citrate-vitamin d tablet 200-3.125 mg-mcg oral	Tier 4	[*]
calcium citrate-vitamin d tablet 315-5 mg-mcg oral	Tier 4	[*]
calcium citrate-vitamin d3 tablet 315-6.25 mg-mcg oral	Tier 4	[*]
calcium for women tablet chewable 500-100-40 oral	Tier 4	[*]
calcium high potency tablet 1500 (600 ca) mg oral	Tier 4	[*]
calcium high potency/vitamin d tablet 600-5 mg-mcg oral	Tier 4	[*]
calcium oyster shell tablet 1250 (500 ca) mg oral	Tier 4	[*]
calcium plus vitamin d tablet 500-5 mg-mcg oral	Tier 4	[*]
calcium plus vitamin d3 tablet 600-20 mg-mcg oral	Tier 4	[*]
calcium+d3 tablet 500-10 mg-mcg oral	Tier 4	[*]
calcium+d3 tablet 500-15 mg-mcg oral	Tier 4	[*]

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
calcium+d3 tablet 600-20 mg-mcg oral	Tier 4	[*]
calcium-magnesium tablet 250-155 mg oral	Tier 4	[*]
calcium-magnesium-zinc tablet 333-133-5 mg oral	Tier 4	[*]
calcium-vitamin d3 capsule 600-10 mg-mcg oral	Tier 4	[*]
calcium-vitamin d3 tablet 250-3.125 mg-mcg oral	Tier 4	[*]
calcium/c/d tablet chewable 500-10-250 mg-mg-unit oral	Tier 4	[*]
CALTRATE 600+D PLUS MINERALS TABLET 600-800 MG-UNIT ORAL	Tier 4	[*]
CALTRATE 600+D3 SOFT TABLET CHEWABLE 600-20 MG-MCG ORAL	Tier 4	[*]
CALTRATE 600+D3 TABLET 600-20 MG-MCG ORAL	Tier 4	[*]
carglumic acid oral tablet soluble	Tier 2	PA; LA
CENTRATEX CAPSULE 106-1 MG ORAL	Tier 3	[*]
centravites 50 plus tablet oral	Tier 4	[*]
CENTRUM ADULTS TABLET ORAL	Tier 4	[*]
CENTRUM LIQUID ORAL	Tier 4	[*]
CENTRUM MEN TABLET ORAL	Tier 4	[*]
CENTRUM SILVER 50+WOMEN TABLET ORAL	Tier 4	[*]
CENTRUM SILVER ADULT 50+ TABLET ORAL	Tier 4	[*]
CENTRUM SILVER TABLET ORAL	Tier 4	[*]
CENTRUM SILVER ULTRA WOMENS TABLET ORAL	Tier 4	[*]
CENTRUM SPECIALIST HEART TABLET ORAL	Tier 4	[*]
CENTRUM ULTRA WOMENS TABLET ORAL	Tier 4	[*]
CENTRUM WOMEN TABLET ORAL	Tier 4	[*]
CEREFOLIN TABLET 6-1-50-5 MG ORAL	Tier 3	[*]
CEROVITE SENIOR TABLET ORAL	Tier 4	[*]
CERTAVITE SENIOR TABLET ORAL	Tier 4	[*]
CERTAVITE SENIOR/ANTIOXIDANT TABLET ORAL	Tier 4	[*]
CERTAVITE/ANTIOXIDANTS TABLET ORAL	Tier 4	[*]

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
chewable calcium tablet chewable 500-200-40 mg-unit-mcg oral	Tier 4	[*]
childrens chewable vitamins tablet chewable oral	Tier 4	[*]
CITRACAL MAXIMUM TABLET 315-6.25 MG-MCG ORAL	Tier 4	[*]
CLINIMIX E/DEXTROSE (2.75/5)	Tier 2	B/D PA
CLINIMIX E/DEXTROSE (4.25/10)	Tier 2	B/D PA
CLINIMIX E/DEXTROSE (4.25/5)	Tier 2	B/D PA
CLINIMIX E/DEXTROSE (5/15)	Tier 2	B/D PA
CLINIMIX E/DEXTROSE (5/20)	Tier 2	B/D PA
clinimix e/dextrose (8/10)	Tier 2	B/D PA
clinimix e/dextrose (8/14)	Tier 2	B/D PA
CLINIMIX/DEXTROSE (4.25/10)	Tier 2	B/D PA
CLINIMIX/DEXTROSE (4.25/5)	Tier 2	B/D PA
CLINIMIX/DEXTROSE (5/15)	Tier 2	B/D PA
CLINIMIX/DEXTROSE (5/20)	Tier 2	B/D PA
clinimix/dextrose (6/5)	Tier 2	B/D PA
clinimix/dextrose (8/10)	Tier 2	B/D PA
clinimix/dextrose (8/14)	Tier 2	B/D PA
CLINOLIPID	Tier 2	B/D PA
companion tablet oral	Tier 4	[*]
COMPETE TABLET ORAL	Tier 4	[*]
complex b-100-inositol tablet extended release oral	Tier 4	[*]
coral calcium capsule 185-50-100 mg-mg-unit oral	Tier 4	[*]
CORVITA TABLET ORAL	Tier 3	[*]
CORVITE 150 TABLET ORAL	Tier 3	[*]
corvite fe tablet oral	Tier 3	[*]
CRANBERRY URINARY COMFORT CAPSULE 100-3 MG-UNIT ORAL	Tier 4	[*]

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
cvs b complex plus c tablet oral	Tier 4	[*]
cvs b-1 tablet 100 mg oral	Tier 4	[*]
cvs b-12 tablet 500 mcg oral	Tier 4	[*]
cvs b6 tablet 100 mg oral	Tier 4	[*]
cvs beta carotene capsule 15 mg oral	Tier 4	[*]
cvs biotin high potency tablet 1000 mcg oral	Tier 4	[*]
cvs calcium + d3 tablet 600-20 mg-mcg oral	Tier 4	[*]
cvs calcium 600 & vitamin d3 tablet 600-20 mg-mcg oral	Tier 4	[*]
cvs calcium 600 + d/minerals tablet chewable 600-800 mg-unit oral	Tier 4	[*]
cvs calcium 600+d tablet 600-20 mg-mcg oral	Tier 4	[*]
cvs calcium tablet 600 mg oral	Tier 4	[*]
cvs chewable c with rose hips tablet chewable 500 mg oral	Tier 4	[*]
cvs hair/skin/nails tablet oral	Tier 4	[*]
cvs iron tablet 240 (27 fe) mg oral	Tier 4	[*]
cvs iron tablet 325 (65 fe) mg oral	Tier 4	[*]
cvs magnesium tablet 500 mg oral	Tier 4	[*]
cvs ped electrolyte freeze pop solution oral	Tier 4	[*]
cvs pediatric electrolyte solution oral	Tier 4	[*]
cvs selenium tablet 200 mcg oral	Tier 4	[*]
cvs slow release iron tablet extended release 143 (45 fe) mg oral	Tier 4	[*]
cvs slow release iron tablet extended release 45 mg oral	Tier 4	[*]
cvs spectravite adult 50+ tablet oral	Tier 4	[*]
cvs spectravite adults tablet oral	Tier 4	[*]
cvs spectravite advanced tablet oral	Tier 4	[*]
cvs spectravite men tablet oral	Tier 4	[*]

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
cvs spectravite women 50+ tablet oral	Tier 4	[*]
cvs spectravite women tablet oral	Tier 4	[*]
cvs vitamin a capsule 2400 mcg (8000 ut) oral	Tier 4	[*]
cvs vitamin b-12 tablet 1000 mcg oral	Tier 4	[*]
cvs vitamin b-12 tablet extended release 2000 mcg oral	Tier 4	[*]
cvs vitamin b-2 tablet 100 mg oral	Tier 4	[*]
cvs vitamin b12 tablet 1000 mcg oral	Tier 4	[*]
cvs vitamin b12 tablet extended release 1000 mcg oral	Tier 4	[*]
cvs vitamin c tablet 1000 mg oral	Tier 4	[*]
cvs vitamin c tablet 250 mg oral	Tier 4	[*]
cvs vitamin c tablet 500 mg oral	Tier 4	[*]
cvs vitamin c-rose hips tablet 1000 mg oral	Tier 4	[*]
cvs vitamin c-rose hips tablet 500 mg oral	Tier 4	[*]
cvs vitamin e capsule 180 mg (400 unit) oral	Tier 4	[*]
cvs zinc gluconate tablet 50 mg oral	Tier 4	[*]
daily multiple vitamins tablet oral	Tier 4	[*]
daily value multivitamin tablet oral	Tier 4	[*]
daily vite multivitamin/iron tablet oral	Tier 4	[*]
daily vite tablet oral	Tier 4	[*]
daily vites tablet oral	Tier 4	[*]
dekas essential capsule oral	Tier 4	[*]
dekas essential liquid oral	Tier 4	[*]
DEKAS PLUS CAPSULE ORAL	Tier 4	[*]
DEKAS PLUS LIQUID ORAL	Tier 4	[*]
dextrose in lactated ringers	Tier 2	
dextrose intravenous solution 10 %, 250 mg/ml, 5 %, 50 %, 70 %	Tier 2	

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
dextrose-nacl intravenous solution 10-0.2 %, 10-0.45 %, 5-0.2 %, 5-0.33 %, 5-0.45 %, 5-0.9 %	Tier 2	
dextrose-sodium chloride intravenous solution 5-0.225 %, 5-0.3 %, 5-0.45 %, 5-0.9 %	Tier 2	
DIALYVITE 3000 TABLET 3 MG ORAL	Tier 3	[*]
DIALYVITE 5000 TABLET 5 MG ORAL	Tier 3	[*]
DIALYVITE 800 TABLET 0.8 MG ORAL	Tier 4	[*]
DIALYVITE 800/IRON TABLET 29-0.8 MG ORAL	Tier 4	[*]
DIALYVITE SUPREME D TABLET ORAL	Tier 3	[*]
DIALYVITE TABLET ORAL	Tier 3	[*]
DIALYVITE/ZINC TABLET ORAL	Tier 3	[*]
e-400 capsule 180 mg (400 unit) oral	Tier 4	[*]
e-oil oil 100 unt/0.25ml oral	Tier 4	[*]
e400 capsule 180 mg (400 unit) oral	Tier 4	[*]
ELFOLATE PLUS TABLET 3-35-2 MG ORAL	Tier 3	[*]
ENDUR-C TABLET EXTENDED RELEASE 1000 MG ORAL	Tier 4	[*]
ENDUR-C TABLET EXTENDED RELEASE 500 MG ORAL	Tier 4	[*]
ENFAMIL ENFALYTE SOLUTION ORAL	Tier 4	[*]
eq calcium 500+d tablet 500-5 mg-mcg oral	Tier 4	[*]
eq calcium 600+d tablet 600-20 mg-mcg oral	Tier 4	[*]
eq calcium citrate+d tablet 315-6.25 mg-mcg oral	Tier 4	[*]
eq complete multivit adult 50+ tablet oral	Tier 4	[*]
eq complete multivitamin-adult tablet oral	Tier 4	[*]
eq one daily womens health tablet oral	Tier 4	[*]
eq slow-release iron tablet extended release 45 mg oral	Tier 4	[*]
eql b complex 50 tablet oral	Tier 4	[*]
eql b-6 tablet 100 mg oral	Tier 4	[*]

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
eql calcium citrate/vitamin d tablet 315-6.25 mg-mcg oral	Tier 4	[*]
eql calcium citrate/vitamin d3 tablet 315-6.25 mg-mcg oral	Tier 4	[*]
eql calcium/vitamin d tablet 600-10 mg-mcg oral	Tier 4	[*]
eql calcium/vitamin d3 tablet 600-20 mg-mcg oral	Tier 4	[*]
eql one daily womens tablet oral	Tier 4	[*]
eql vitamin b-12 tablet 500 mcg oral	Tier 4	[*]
eql vitamin c tablet 1000 mg oral	Tier 4	[*]
eql vitamin c/rose hips tablet 1000 mg oral	Tier 4	[*]
eql vitamin c/rose hips tablet 500 mg oral	Tier 4	[*]
eql vitamin e capsule 400 unit oral	Tier 4	[*]
ESSENTIA TABLET ORAL	Tier 4	[*]
EZFE 200 CAPSULE 434.8 (200 FE) MG ORAL	Tier 4	[*]
fabb tablet 2.2-25-1 mg oral	Tier 3	[*]
fe c tab tablet 100-250 mg oral	Tier 4	[*]
fe-vite iron solution 75 (15 fe) mg/ml oral	Tier 4	[*]
FEOSOL BIFERA TABLET 28 MG ORAL	Tier 4	[*]
FEOSOL TABLET 200 (65 FE) MG ORAL	Tier 4	[*]
FER-IN-SOL SOLUTION 75 (15 FE) MG/ML ORAL	Tier 4	[*]
FERATE TABLET 240 (27 FE) MG ORAL	Tier 4	[*]
FERIVA 21/7 TABLET 75-1 MG ORAL	Tier 3	[*]
FERIVAF A CAPSULE 110-1 MG ORAL	Tier 3	[*]
FEROSUL TABLET 325 (65 FE) MG ORAL	Tier 4	[*]
FERRALET 90 TABLET 90-1 MG ORAL	Tier 3	[*]
ferretts ips solution 40 mg/15ml oral	Tier 4	[*]
ferretts tablet 325 (106 fe) mg oral	Tier 4	[*]
FERREX 150 CAPSULE 150 MG ORAL	Tier 4	[*]
ferric x-150 capsule 150 mg oral	Tier 4	[*]

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
FERRIMIN 150 TABLET 150 MG ORAL	Tier 4	[*]
<i>ferrous fumarate tablet 324 (106 fe) mg oral</i>	Tier 4	[*]
<i>ferrous gluconate tablet 240 (27 fe) mg oral</i>	Tier 4	[*]
<i>ferrous gluconate tablet 324 (37.5 fe) mg oral</i>	Tier 4	[*]
<i>ferrous gluconate tablet 324 (38 fe) mg oral</i>	Tier 4	[*]
<i>ferrous sulfate er tablet extended release 140 (45 fe) mg oral</i>	Tier 4	[*]
<i>ferrous sulfate solution 220 (44 fe) mg/5ml oral</i>	Tier 4	[*]
<i>ferrous sulfate solution 300 (60 fe) mg/5ml oral</i>	Tier 4	[*]
<i>ferrous sulfate solution 300 mg/6.8ml oral</i>	Tier 4	[*]
<i>ferrous sulfate solution 75 (15 fe) mg/ml oral</i>	Tier 4	[*]
<i>ferrous sulfate tablet 325 (65 fe) mg oral</i>	Tier 4	[*]
<i>ferrous sulfate tablet delayed release 324 (65 fe) mg oral</i>	Tier 4	[*]
<i>ferrous sulfate tablet delayed release 324 mg oral</i>	Tier 4	[*]
<i>ferrous sulfate tablet delayed release 325 (65 fe) mg oral</i>	Tier 4	[*]
FLINTSTONES COMPLETE TABLET CHEWABLE 10 MG ORAL	Tier 4	[*]
FLINTSTONES COMPLETE TABLET CHEWABLE 18 MG ORAL	Tier 4	[*]
FLINTSTONES/MY FIRST TABLET CHEWABLE ORAL	Tier 4	[*]
FLORIVA LIQUID 0.25-400 MG-UNIT/ML ORAL	Tier 3	[*]
FLORIVA PLUS SOLUTION 0.25 MG/ML ORAL	Tier 3	[*]
FLORIVA TABLET CHEWABLE 0.25 MG ORAL	Tier 3	[*]
FLORIVA TABLET CHEWABLE 0.5 MG ORAL	Tier 3	[*]
FLORIVA TABLET CHEWABLE 1 MG ORAL	Tier 3	[*]
FOLBEE PLUS CZ TABLET 5 MG ORAL	Tier 3	[*]
<i>folbee plus tablet oral</i>	Tier 3	[*]
<i>folbee tablet 2.5-25-1 mg oral</i>	Tier 3	[*]

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
FOLBIC TABLET 2.5-25-2 MG ORAL (OTC)	Tier 4	[*]
<i>folic acid solution 5 mg/ml injection</i>	Tier 3	[*]
<i>folic acid tablet 1 mg oral (rx)</i>	Tier 3	[*]
FOLITAB 500 TABLET EXTENDED RELEASE 105-500-0.8 MG ORAL	Tier 4	[*]
<i>folplex 2.2 tablet 2.2-25-0.5 mg oral</i>	Tier 3	[*]
FOLTABS 800 TABLET 800-10-115 MCG-MG-MCG ORAL	Tier 4	[*]
FOLTANX TABLET 3-35-2 MG ORAL	Tier 3	[*]
FOLTRATE TABLET 500-1 MCG-MG ORAL	Tier 3	[*]
FOSFREE TABLET ORAL	Tier 4	[*]
<i>fruit c 500 tablet chewable 500 mg oral</i>	Tier 4	[*]
<i>fruity c tablet chewable 250 mg oral</i>	Tier 4	[*]
<i>full spectrum b/vitamin c tablet 0.8 mg oral</i>	Tier 4	[*]
<i>gnp b-12 tablet sublingual 2500 mcg sublingual</i>	Tier 4	[*]
<i>gnp biotin capsule 5000 mcg oral</i>	Tier 4	[*]
<i>gnp calcium 500 +d3 tablet 500-15 mg-mcg oral</i>	Tier 4	[*]
<i>gnp calcium 600 +d3 tablet 600-20 mg-mcg oral</i>	Tier 4	[*]
<i>gnp calcium citrate +d3 tablet 315-6.25 mg-mcg oral</i>	Tier 4	[*]
<i>gnp calcium tablet 1500 (600 ca) mg oral</i>	Tier 4	[*]
<i>gnp childrens chewables/ex c tablet chewable oral</i>	Tier 4	[*]
<i>gnp essential one daily tablet oral</i>	Tier 4	[*]
<i>gnp iron tablet 200 (65 fe) mg oral</i>	Tier 4	[*]
<i>gnp iron tablet extended release 142 (45 fe) mg oral</i>	Tier 4	[*]
<i>gnp little ones childrens tablet chewable oral</i>	Tier 4	[*]
<i>gnp mega multi for men tablet oral</i>	Tier 4	[*]
<i>gnp mega multi for women tablet oral</i>	Tier 4	[*]

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
gnp one daily mens health 50+ tablet oral	Tier 4	[*]
gnp one daily womens 50+ tablet oral	Tier 4	[*]
gnp vitamin a capsule 3 mg (10000 ut) oral	Tier 4	[*]
gnp vitamin b-1 tablet 100 mg oral	Tier 4	[*]
gnp vitamin b-12 tablet 500 mcg oral	Tier 4	[*]
gnp vitamin b-12 tablet extended release 1000 mcg oral	Tier 4	[*]
gnp vitamin b-6 tablet 100 mg oral	Tier 4	[*]
gnp vitamin c drops lozenge 60 mg mouth/throat	Tier 4	[*]
gnp vitamin c tablet 1000 mg oral	Tier 4	[*]
gnp vitamin c tablet 250 mg oral	Tier 4	[*]
gnp vitamin c tablet 500 mg oral	Tier 4	[*]
gnp vitamin c tablet chewable 500 mg oral	Tier 4	[*]
gnp vitamin c tablet extended release 500 mg oral	Tier 4	[*]
gnp vitamin c w/rose hips tablet 500-37 mg oral	Tier 4	[*]
gnp vitamin c/rose hips tablet 1000 mg oral	Tier 4	[*]
gnp vitamin e capsule 180 mg (400 unit) oral	Tier 4	[*]
gnp vitamin e capsule 400 unit oral	Tier 4	[*]
GUMMI BEAR MULTIVITAMIN/MIN TABLET CHEWABLE ORAL	Tier 4	[*]
h-e-b oral electrolyte solution oral	Tier 4	[*]
HARD NAILS CAPSULE 2.5 MG ORAL	Tier 4	[*]
healthy kids gummies tablet chewable oral	Tier 4	[*]
HEMOCYTE PLUS CAPSULE 106-1 MG ORAL	Tier 3	[*]
high pot multivitamin/beta-car tablet oral	Tier 4	[*]
high potency multivit/fa tablet oral	Tier 4	[*]
hm biotin capsule 5000 mcg oral	Tier 4	[*]
hm e vitamin capsule 180 mg (400 unit) oral	Tier 4	[*]
hm vitamin b-12 tablet 500 mcg oral	Tier 4	[*]

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
hm vitamin c tablet chewable 500 mg oral	Tier 4	[*]
ICAPS LUTEIN & ZEAXANTHIN TABLET DELAYED RELEASE ORAL	Tier 4	[*]
ICAPS MV TABLET ORAL	Tier 4	[*]
ICAR SUSPENSION 15 MG/1.25ML ORAL	Tier 4	[*]
ICAR-C TABLET 100-250 MG ORAL	Tier 4	[*]
INFED SOLUTION 50 MG/ML INJECTION	Tier 3	[*]
INTEGRA CAPSULE 62.5-62.5-40-3 MG ORAL	Tier 4	[*]
INTEGRA F CAPSULE 125-1 MG ORAL	Tier 3	[*]
INTEGRA PLUS CAPSULE ORAL	Tier 3	[*]
INTRALIPID	Tier 2	B/D PA
iron (ferrous sulfate) solution 75 (15 fe) mg/ml oral	Tier 4	[*]
iron 100/c tablet 100-250 mg oral	Tier 4	[*]
iron 27 tablet 240 (27 fe) mg oral	Tier 4	[*]
iron high-potency tablet 325 mg oral	Tier 4	[*]
iron infant & toddler solution 75 (15 fe) mg/ml oral	Tier 4	[*]
iron infant/toddler solution 75 (15 fe) mg/ml oral	Tier 4	[*]
iron slow release tablet extended release 140 (45 fe) mg oral	Tier 4	[*]
iron slow release tablet extended release 143 (45 fe) mg oral	Tier 4	[*]
iron supplement solution 220 (44 fe) mg/5ml oral	Tier 4	[*]
iron tablet 240 (27 fe) mg oral	Tier 4	[*]
iron tablet 325 (65 fe) mg oral	Tier 4	[*]
iron-vitamin c tablet 100-250 mg oral	Tier 4	[*]
IROSPAN 24/6 ORAL	Tier 3	[*]
kcl (0.149%) in nacl intravenous solution 20-0.45 meq/l-%	Tier 2	

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%-%, 20-5-0.2 meq/l-%-%, 20-5-0.225 meq/l-%-%, 20-5-0.45 meq/l-%-%, 20-5-0.9 meq/l-%-%, 30-5-0.45 meq/l-%-%, 40-5-0.45 meq/l-%-%, 40-5-0.9 meq/l-%-%	Tier 2	
kcl-lactated ringers-d5w	Tier 2	
KLOR-CON 10	Tier 2	MO
KLOR-CON M10	Tier 1	MO
KLOR-CON M15	Tier 2	MO
KLOR-CON M20	Tier 1	MO
KLOR-CON ORAL TABLET EXTENDED RELEASE	Tier 1	MO
kobee tablet oral	Tier 4	[*]
kp adults 50+ daily formula tablet oral	Tier 4	[*]
kp b complex-c tablet oral	Tier 4	[*]
kp calcium citrate+d tablet 315-6.25 mg-mcg oral	Tier 4	[*]
kp ferrous gluconate tablet 324 (37.5 fe) mg oral	Tier 4	[*]
kp ferrous sulfate tablet 325 (65 fe) mg oral	Tier 4	[*]
kp vitamin b-12 tablet 1000 mcg oral	Tier 4	[*]
kp vitamin b-6 tablet 100 mg oral	Tier 4	[*]
kp vitamin e capsule 45 mg (100 unit) oral	Tier 4	[*]
l-methyl-mc tablet 6-1-50-5 mg oral	Tier 3	[*]
l-methylfolate-b6-b12 tablet 3-35-2 mg oral	Tier 3	[*]
lactated ringers intravenous	Tier 2	
levocarnitine oral solution	Tier 2	B/D PA; MO
levocarnitine oral tablet	Tier 2	B/D PA; MO
levocarnitine sf	Tier 2	B/D PA; MO
LYSIPLEX PLUS LIQUID ORAL	Tier 4	[*]
MAG-TAB SR TABLET EXTENDED RELEASE 84 MG (7MEQ) ORAL	Tier 4	[*]
magnesium capsule 300 mg oral	Tier 4	[*]

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
magnesium lactate tablet extended release 84 mg (7meq) oral	Tier 4	[*]
magnesium oxide -mg supplement capsule 500 mg oral	Tier 4	[*]
magnesium oxide -mg supplement tablet 420 (252 mg) mg oral	Tier 4	[*]
magnesium oxide -mg supplement tablet 500 mg oral	Tier 4	[*]
magnesium oxide tablet 400 mg oral	Tier 4	[*]
magnesium oxide tablet 420 mg oral	Tier 4	[*]
magnesium sulfate injection solution 50 %, 50 % (10ml syringe)	Tier 2	
magnesium sulfate intravenous solution 2 gm/ 50ml, 20 gm/500ml, 4 gm/100ml, 4 gm/50ml, 40 gm/1000ml	Tier 2	
MEGA MULTI MEN TABLET ORAL	Tier 4	[*]
mega multiple/chelated mineral tablet oral	Tier 4	[*]
meijer c tablet 500 mg oral	Tier 4	[*]
MERIBIN CAPSULE 5 MG ORAL	Tier 4	[*]
METAFOLBIC TABLET 6-1-50-5 MG ORAL	Tier 3	[*]
MG PLUS PROTEIN TABLET 133 MG ORAL	Tier 4	[*]
MONOCAL TABLET 625-22.75 MG ORAL	Tier 4	[*]
MTX SUPPORT TABLET ORAL	Tier 4	[*]
multi complete/iron tablet oral	Tier 4	[*]
multi vitamin tablet oral	Tier 4	[*]
multi-vit/iron/fluoride solution 0.25-10 mg/ml oral	Tier 4	[*]
multi-vitamin hp/minerals capsule oral	Tier 4	[*]
multi-vitamin tablet oral	Tier 4	[*]
multi-vitamin/fluoride solution 0.25 mg/ml oral	Tier 3	[*]
multi-vitamin/fluoride solution 0.5 mg/ml oral	Tier 3	[*]

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
multi-vitamin/fluoride/iron solution 0.25-10 mg/ml oral	Tier 3	[*]
multi-vite liquid oral	Tier 4	[*]
multiple electro type 1 ph 5.5	Tier 2	
multiple vit/minerals/no iron tablet oral	Tier 4	[*]
multiple vitamins tablet oral	Tier 4	[*]
multiple vitamins-iron tablet chewable 15 mg oral	Tier 4	[*]
multiple vitamins/iron tablet oral	Tier 4	[*]
multivitamin & mineral liquid oral	Tier 4	[*]
multivitamin adults 50+ tablet oral	Tier 4	[*]
multivitamin tablet oral	Tier 4	[*]
multivitamin women 50+ tablet oral	Tier 4	[*]
multivitamin/fluoride solution 0.25 mg/ml oral (otc)	Tier 4	[*]
multivitamin/fluoride solution 0.5 mg/ml oral (otc)	Tier 4	[*]
multivitamin/fluoride tablet chewable 0.25 mg oral (rx)	Tier 3	[*]
multivitamin/fluoride tablet chewable 0.5 mg oral (rx)	Tier 3	[*]
MVW COMPLETE FORMULATION CAPSULE ORAL	Tier 4	[*]
MVW COMPLETE FORMULATION D3000 CAPSULE ORAL	Tier 4	[*]
MVW COMPLETE FORMULATION D3000 TABLET CHEWABLE ORAL	Tier 4	[*]
MVW COMPLETE FORMULATION D5000 CAPSULE ORAL	Tier 4	[*]
MVW COMPLETE FORMULATION D5000 TABLET CHEWABLE ORAL	Tier 4	[*]
MVW COMPLETE FORMULATION MINIS CAPSULE ORAL	Tier 4	[*]

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
MVW COMPLETE FORMULATION SOLUTION ORAL	Tier 4	[*]
MVW COMPLETE FORMULATION TABLET CHEWABLE ORAL	Tier 4	[*]
MYNEPHRON CAPSULE 1 MG ORAL	Tier 3	[*]
NASCOBAL SOLUTION 500 MCG/0.1ML NASAL	Tier 3	[*]
<i>natural c/rose hips tablet 1000 mg oral</i>	Tier 4	[*]
<i>natural vitamin e capsule 670 mg (1000 ut) oral</i>	Tier 4	[*]
NEPHPLEX RX TABLET ORAL	Tier 3	[*]
<i>nephro vitamins tablet 0.8 mg oral</i>	Tier 4	[*]
NEPHRO-VITE TABLET 0.8 MG ORAL (OTC)	Tier 4	[*]
NEPHRON FA TABLET ORAL	Tier 3	[*]
<i>neurin-sl tablet sublingual 600-600 mcg sublingual</i>	Tier 3	[*]
NIVA-FOL TABLET 2.5-25-2 MG ORAL	Tier 4	[*]
<i>no iron mult vitamin-minerals tablet oral</i>	Tier 4	[*]
NU-IRON CAPSULE 150 MG ORAL	Tier 4	[*]
NU-MAG TABLET DELAYED RELEASE 71.5-119 MG ORAL	Tier 4	[*]
NUTRILIPID	Tier 2	B/D PA
NUTRIVIT LIQUID ORAL	Tier 3	[*]
<i>oceanic selenium tablet 200 mcg oral</i>	Tier 4	[*]
<i>oceanic selenium tablet 50 mcg oral</i>	Tier 4	[*]
<i>ocutabs tablet oral</i>	Tier 4	[*]
<i>ocutabs-lutein tablet oral</i>	Tier 4	[*]
<i>omnicap tablet oral</i>	Tier 4	[*]
ONCOVITE TABLET ORAL	Tier 4	[*]
<i>one daily calcium/iron tablet oral</i>	Tier 4	[*]
<i>one daily complete tablet oral</i>	Tier 4	[*]
<i>one daily for men 50+ advanced tablet oral</i>	Tier 4	[*]
<i>one daily for women 50+ adv tablet oral</i>	Tier 4	[*]

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
<i>one daily for women tablet oral</i>	Tier 4	[*]
<i>one daily maximum tablet oral</i>	Tier 4	[*]
<i>one daily multivitamin/iron tablet oral</i>	Tier 4	[*]
<i>one daily womens 50 plus tablet oral</i>	Tier 4	[*]
<i>one daily womens 50+ tablet oral</i>	Tier 4	[*]
<i>one daily/minerals tablet oral</i>	Tier 4	[*]
ONE-A-DAY ESSENTIAL TABLET ORAL	Tier 4	[*]
ONE-A-DAY MENS 50+ ADVANTAGE TABLET ORAL	Tier 4	[*]
ONE-A-DAY TEEN ADVANTAGE/HER TABLET ORAL	Tier 4	[*]
ONE-A-DAY TEEN ADVANTAGE/HIM TABLET ORAL	Tier 4	[*]
ONE-A-DAY WOMENS FORMULA TABLET ORAL	Tier 4	[*]
<i>one-daily multi-vitamin tablet oral</i>	Tier 4	[*]
ORAZINC CAPSULE 220 (50 ZN) MG ORAL	Tier 4	[*]
ORAZINC TABLET 110 MG ORAL	Tier 4	[*]
OS-CAL CALCIUM + D3 TABLET 500-5 MG-MCG ORAL	Tier 4	[*]
OS-CAL EXTRA D3 TABLET 500-15 MG-MCG ORAL	Tier 4	[*]
OYSCO 500+D TABLET 500-5 MG-MCG ORAL	Tier 4	[*]
<i>oyster calcium tablet 500 mg oral</i>	Tier 4	[*]
<i>oyster shell calcium + d tablet 500-5 mg-mcg oral</i>	Tier 4	[*]
<i>oyster shell calcium + d3 tablet 500-10 mg-mcg oral</i>	Tier 4	[*]
<i>oyster shell calcium plus d tablet 500-5 mg-mcg oral</i>	Tier 4	[*]
<i>oyster shell calcium tablet 500 mg oral</i>	Tier 4	[*]
<i>oyster shell calcium w/d tablet 500-5 mg-mcg oral</i>	Tier 4	[*]
<i>oyster shell calcium/d tablet 250-3.125 mg-mcg oral</i>	Tier 4	[*]
<i>oyster shell calcium/d tablet 500-10 mg-mcg oral</i>	Tier 4	[*]
<i>oyster shell calcium/d tablet 500-5 mg-mcg oral</i>	Tier 4	[*]

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
<i>oyster shell calcium/d3 tablet 500-10 mg-mcg oral</i>	Tier 4	[*]
<i>oyster shell calcium/d3 tablet 500-5 mg-mcg oral</i>	Tier 4	[*]
<i>oyster shell calcium/vit d3 tablet 250-3.125 mg-mcg oral</i>	Tier 4	[*]
<i>oyster shell calcium/vit d3 tablet 500-5 mg-mcg oral</i>	Tier 4	[*]
<i>oyster shell calcium/vitamin d tablet 250-3.125 mg-mcg oral</i>	Tier 4	[*]
<i>oyster shell calcium/vitamin d tablet 500-5 mg-mcg oral</i>	Tier 4	[*]
<i>pc pediatric iron drops solution 75 (15 fe) mg/ml oral</i>	Tier 4	[*]
<i>pc pediatric tri-vitamin drops solution 750-400-35 unit-mg/ml oral</i>	Tier 4	[*]
<i>ped electrolyte freeze pops solution oral</i>	Tier 4	[*]
<i>ped electrolyte freezer pops solution oral</i>	Tier 4	[*]
<i>PEDIALYTE ADVANCED CARE SOLUTION ORAL</i>	Tier 4	[*]
<i>PEDIALYTE FREEZER POPS SOLUTION ORAL</i>	Tier 4	[*]
<i>PEDIALYTE SINGLES SOLUTION ORAL</i>	Tier 4	[*]
<i>PEDIALYTE SOLUTION ORAL</i>	Tier 4	[*]
<i>pediatric electrolyte solution oral</i>	Tier 4	[*]
<i>pediatric electrolyte-zinc solution oral</i>	Tier 4	[*]
<i>PERIDIN-C TABLET 200-50-150 MG ORAL</i>	Tier 4	[*]
<i>PLASMA-LYTE 148</i>	Tier 2	
<i>pnv-dha</i>	Tier 2	
<i>POLY-IRON 150 CAPSULE 150 MG ORAL</i>	Tier 4	[*]
<i>poly-iron 150 forte capsule 150-25-1 mg-mcg-mg oral</i>	Tier 3	[*]
<i>POLY-VI-FLOR SUSPENSION 0.25 MG/ML ORAL</i>	Tier 3	[*]
<i>POLY-VI-FLOR TABLET CHEWABLE 0.25 MG ORAL</i>	Tier 3	[*]

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
POLY-VI-FLOR TABLET CHEWABLE 0.5 MG ORAL	Tier 3	[*]
POLY-VI-FLOR TABLET CHEWABLE 1 MG ORAL	Tier 3	[*]
POLY-VI-FLOR/IRON SUSPENSION 0.25-7 MG/ML ORAL	Tier 3	[*]
POLY-VI-FLOR/IRON TABLET CHEWABLE 0.5-10 MG ORAL	Tier 3	[*]
POLY-VI-SOL SOLUTION ORAL	Tier 4	[*]
POLY-VI-SOL/IRON SOLUTION 11 MG/ML ORAL	Tier 4	[*]
<i>polysaccharide iron complex capsule 150 mg oral</i>	Tier 4	[*]
<i>polysaccharide-iron complex capsule 150 mg oral</i>	Tier 4	[*]
<i>potassium chloride crys er oral tablet extended release 10 meq, 20 meq</i>	Tier 1	MO
<i>potassium chloride crys er oral tablet extended release 15 meq</i>	Tier 2	MO
<i>potassium chloride er oral capsule extended release</i>	Tier 1	MO
<i>potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq</i>	Tier 1	MO
<i>potassium chloride er oral tablet extended release 15 meq</i>	Tier 2	MO
<i>potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%</i>	Tier 2	
<i>potassium chloride intravenous solution 10 meq/100ml, 10 meq/50ml, 2 meq/ml, 2 meq/ml (20 ml), 20 meq/100ml, 20 meq/50ml</i>	Tier 2	
<i>potassium chloride oral solution 10 %, 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	Tier 1	MO
<i>potassium cl in dextrose 5% intravenous solution 10 meq/l, 20 meq/l</i>	Tier 2	
PREMASOL INTRAVENOUS SOLUTION 10 %	Tier 2	B/D PA
<i>prenatal oral tablet 27-1 mg</i>	Tier 2	
PRENATAL VIT W/ IRON CARBONYL-FOLIC ACID	Tier 2	
PROFE CAPSULE 391.3 (180 FE) MG ORAL	Tier 4	[*]

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
PROFERRIN ES TABLET 12 MG ORAL	Tier 4	[*]
PROFERRIN-FORTE TABLET 12-1 MG ORAL	Tier 4	[*]
PROTECTIRON TABLET 60-1 MG ORAL	Tier 4	[*]
<i>pure calcium carbonate tablet 1500 (600 ca) mg oral</i>	Tier 4	[*]
PUREWAY-C TABLET 500 MG ORAL	Tier 4	[*]
<i>pyridoxine hcl tablet 25 mg oral</i>	Tier 4	[*]
<i>pyridoxine hcl tablet 50 mg oral</i>	Tier 4	[*]
QUFLORA FE PEDIATRIC LIQUID 0.25-9.5 MG/ML ORAL	Tier 3	[*]
QUFLORA FE TABLET CHEWABLE 0.25 MG ORAL	Tier 3	[*]
QUFLORA GUMMIES TABLET CHEWABLE 0.125 MG ORAL	Tier 3	[*]
QUFLORA PEDIATRIC SOLUTION 0.25 MG/ML ORAL	Tier 3	[*]
QUFLORA PEDIATRIC SOLUTION 0.5 MG/ML ORAL	Tier 3	[*]
QUFLORA PEDIATRIC TABLET CHEWABLE 0.25 MG ORAL	Tier 3	[*]
QUFLORA PEDIATRIC TABLET CHEWABLE 0.5 MG ORAL	Tier 3	[*]
QUFLORA PEDIATRIC TABLET CHEWABLE 1 MG ORAL	Tier 3	[*]
<i>quintabs-m tablet oral</i>	Tier 4	[*]
<i>ra b-complex tablet oral</i>	Tier 4	[*]
<i>ra b-complex with b-12 tablet oral</i>	Tier 4	[*]
<i>ra b-complex/vitamin c cr tablet extended release oral</i>	Tier 4	[*]
<i>ra balanced b-100 tablet oral</i>	Tier 4	[*]
<i>ra balanced b-50 tablet oral</i>	Tier 4	[*]
<i>ra biotin capsule 2500 mcg oral</i>	Tier 4	[*]
<i>ra calcium 600 tablet 1500 (600 ca) mg oral</i>	Tier 4	[*]

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
ra calcium 600/vit d/minerals tablet 600-200 mg-unit oral	Tier 4	[*]
ra calcium 600/vitamin d-3 tablet 600-10 mg-mcg oral	Tier 4	[*]
ra calcium cit plus vit d-3 tablet 315-6.25 mg-mcg oral	Tier 4	[*]
ra calcium-boron tablet 500-1.5 mg oral	Tier 4	[*]
ra central-vite womens mature tablet oral	Tier 4	[*]
RA HI CAL TABLET 500-5 MG-MCG ORAL	Tier 4	[*]
ra high potency iron tablet 27 mg oral	Tier 4	[*]
ra magnesium capsule 500 mg oral	Tier 4	[*]
ra natural magnesium tablet 250 mg oral	Tier 4	[*]
ra one daily maximum tablet oral	Tier 4	[*]
ra pediatric electrolyte solution oral	Tier 4	[*]
ra selenium natural tablet 200 mcg oral	Tier 4	[*]
ra slow release iron tablet extended release 45 mg oral	Tier 4	[*]
ra vitamin a capsule 3 mg (10000 ut) oral	Tier 4	[*]
ra vitamin b-1 tablet 100 mg oral	Tier 4	[*]
ra vitamin b-12 tablet 100 mcg oral	Tier 4	[*]
ra vitamin b-12 tr tablet extended release 1000 mcg oral	Tier 4	[*]
ra vitamin b-6 tablet 100 mg oral	Tier 4	[*]
ra vitamin b-6 tablet 50 mg oral	Tier 4	[*]
ra vitamin b12 tablet extended release 2000 mcg oral	Tier 4	[*]
ra vitamin c cr tablet extended release 500 mg oral	Tier 4	[*]
ra vitamin c cr tablet extended release oral	Tier 4	[*]
ra vitamin c tablet 250 mg oral	Tier 4	[*]
ra vitamin c tablet 500 mg oral	Tier 4	[*]

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
ra vitamin c tablet chewable 500 mg oral	Tier 4	[*]
ra vitamin c/rose hips tablet 1000 mg oral	Tier 4	[*]
ra vitamin c/rose hips tablet 500 mg oral	Tier 4	[*]
ra vitamin e capsule 268 mg (400 unit) oral	Tier 4	[*]
ra zinc tablet 50 mg oral	Tier 4	[*]
rena-vite rx tablet 1 mg oral (otc)	Tier 4	[*]
rena-vite tablet oral (otc)	Tier 4	[*]
RENAL CAPSULE 1 MG ORAL	Tier 3	[*]
renal vitamin tablet 0.8 mg oral	Tier 4	[*]
ringers	Tier 2	
se-tan plus capsule 162-115.2-1 mg oral	Tier 3	[*]
selenium tablet 200 mcg oral	Tier 4	[*]
senior tabs tablet oral	Tier 4	[*]
sentry senior tablet oral	Tier 4	[*]
sentry tablet oral	Tier 4	[*]
SLOW FE TABLET EXTENDED RELEASE 142 (45 FE) MG ORAL	Tier 4	[*]
slow release iron tablet extended release 45 mg oral	Tier 4	[*]
slow release iron tablet extended release 47.5 mg oral	Tier 4	[*]
SLOW-MAG TABLET DELAYED RELEASE 71.5-119 MG ORAL	Tier 4	[*]
sm b-complex tablet oral	Tier 4	[*]
sm b-complex/vitamin c tablet oral	Tier 4	[*]
sm b100 complex tablet oral	Tier 4	[*]
sm balanced b-50 tablet oral	Tier 4	[*]
sm biotin capsule 5000 mcg oral	Tier 4	[*]
sm calcium 600+d3 tablet 600-20 mg-mcg oral	Tier 4	[*]

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
sm calcium 600/vitamin d tablet 600-10 mg-mcg oral	Tier 4	[*]
sm calcium citrate+/vit d3 tablet 315-6.25 mg-mcg oral	Tier 4	[*]
sm calcium citrate+vit d3 max tablet 315-6.25 mg-mcg oral	Tier 4	[*]
sm calcium-vitamin d tablet 500-5 mg-mcg oral	Tier 4	[*]
sm calcium/vitamin d tablet 600-20 mg-mcg oral	Tier 4	[*]
sm chewable vitamin c tablet chewable 500 mg oral	Tier 4	[*]
sm complete 50+ tablet oral	Tier 4	[*]
sm complete 50+ ultimate women tablet oral	Tier 4	[*]
sm complete tablet oral	Tier 4	[*]
sm hair/skin/nails tablet oral	Tier 4	[*]
sm magnesium oxide tablet 250 mg oral	Tier 4	[*]
sm multiple vitamins/iron tablet oral	Tier 4	[*]
sm one daily womens tablet oral	Tier 4	[*]
sm pediatric electrolyte solution oral	Tier 4	[*]
sm slow release iron tablet extended release 142 (45 fe) mg oral	Tier 4	[*]
sm slow release iron tablet extended release 45 mg oral	Tier 4	[*]
sm vitamin b complex/vitamin c tablet oral	Tier 4	[*]
sm vitamin b-12 tablet 500 mcg oral	Tier 4	[*]
sm vitamin b1 tablet 100 mg oral	Tier 4	[*]
sm vitamin b12 tr tablet extended release 1000 mcg oral	Tier 4	[*]
sm vitamin b12 tr tablet extended release 2000 mcg oral	Tier 4	[*]
sm vitamin b6 tablet 100 mg oral	Tier 4	[*]
sm vitamin c cr tablet extended release 500 mg oral	Tier 4	[*]

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
sm vitamin c tablet 1000 mg oral	Tier 4	[*]
sm vitamin c tablet 500 mg oral	Tier 4	[*]
sm vitamin c tablet chewable 500 mg oral	Tier 4	[*]
sm zinc gluconate tablet 50 mg oral	Tier 4	[*]
sodium chloride injection solution 2.5 meq/ml	Tier 2	
sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 4 meq/ml, 5 %	Tier 2	
sodium fluoride oral tablet 2.2 (1 f) mg	Tier 2	MO
sodium fluoride solution 1.1 (0.5 f) mg/ml oral	Tier 3	[*]
sodium fluoride tablet chewable 0.55 (0.25 f) mg oral	Tier 3	[*]
sodium fluoride tablet chewable 1.1 (0.5 f) mg oral	Tier 3	[*]
sodium fluoride tablet chewable 2.2 (1 f) mg oral	Tier 3	[*]
SOLUVITA E SOLUTION 15.8 MG/0.7ML ORAL	Tier 4	[*]
SPECTRAVITE TABLET ORAL	Tier 4	[*]
stress b/zinc tablet oral	Tier 4	[*]
stress formula tablet oral	Tier 4	[*]
stress formula/iron tablet oral	Tier 4	[*]
stress formula/zinc (b-compl) tablet oral	Tier 4	[*]
STROVITE ONE TABLET ORAL	Tier 3	[*]
super b/c capsule oral	Tier 4	[*]
super biotin capsule 5000 mcg oral	Tier 4	[*]
super calcium 600 + d 400 tablet 600-10 mg-mcg oral	Tier 4	[*]
super calcium 600 + d3 tablet 600-10 mg-mcg oral	Tier 4	[*]
super calcium tablet 1500 (600 ca) mg oral	Tier 4	[*]
SUPER QINTS B-50 TABLET ORAL	Tier 4	[*]
super thera vite m tablet oral	Tier 4	[*]
SUPERVITE LIQUID ORAL	Tier 3	[*]

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
sv vitamin b-12 er tablet extended release 1000 mcg oral	Tier 4	[*]
TAB-A-VITE/IRON/BETA CAROTENE TABLET ORAL	Tier 4	[*]
TANDEM CAPSULE 53-53 MG ORAL	Tier 4	[*]
TANDEM PLUS CAPSULE 162-115.2-1 MG ORAL	Tier 3	[*]
taron forte capsule oral	Tier 3	[*]
THERA M PLUS TABLET ORAL	Tier 4	[*]
thera-m tablet oral	Tier 4	[*]
thera-tabs tablet oral	Tier 4	[*]
therapeutic-m/lutein tablet oral	Tier 4	[*]
THERATRUM COMPLETE 50 PLUS TABLET ORAL	Tier 4	[*]
THERATRUM COMPLETE TABLET ORAL	Tier 4	[*]
THEREMS-M TABLET ORAL	Tier 4	[*]
thiamine hcl tablet 100 mg oral	Tier 4	[*]
TRAVASOL	Tier 2	B/D PA
TRI-VI-FLOR SUSPENSION 0.25 MG/ML ORAL	Tier 3	[*]
TRI-VI-FLOR SUSPENSION 0.5 MG/ML ORAL	Tier 3	[*]
tri-vite pediatric solution 750-400-35 unit-mg/ml oral	Tier 4	[*]
tri-vite/fluoride solution 0.25 mg/ml oral	Tier 3	[*]
tri-vite/fluoride solution 0.5 mg/ml oral	Tier 3	[*]
triphrocaps capsule 1 mg oral	Tier 3	[*]
TROPHAMINE INTRAVENOUS SOLUTION 10 %	Tier 2	B/D PA
v-c forte capsule oral	Tier 3	[*]
VIC-FORTE CAPSULE ORAL	Tier 3	[*]
virt-caps capsule 1 mg oral	Tier 3	[*]
VIRT-GARD TABLET 2.2-25-1 MG ORAL	Tier 3	[*]
vita c/bioflavonoids/rose hips tablet 1000-30-18 mg oral	Tier 4	[*]
VITAL-D RX TABLET 1 MG ORAL	Tier 3	[*]

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
<i>vitalee tablet oral</i>	Tier 4	[*]
VITALETS CHILDRENS TABLET CHEWABLE ORAL	Tier 4	[*]
<i>vitamin a capsule 2400 mcg (8000 ut) oral</i>	Tier 4	[*]
<i>vitamin a capsule 3 mg (10000 ut) oral</i>	Tier 4	[*]
<i>vitamin b + c complex tablet oral</i>	Tier 4	[*]
<i>vitamin b 12 tablet 500 mcg oral</i>	Tier 4	[*]
<i>vitamin b complex tablet oral</i>	Tier 4	[*]
<i>vitamin b complex-c capsule oral</i>	Tier 4	[*]
<i>vitamin b-1 tablet 250 mg oral</i>	Tier 4	[*]
<i>vitamin b-1 tablet 50 mg oral</i>	Tier 4	[*]
<i>vitamin b-12 er tablet extended release 1000 mcg oral</i>	Tier 4	[*]
<i>vitamin b-12 er tablet extended release 2000 mcg oral</i>	Tier 4	[*]
<i>vitamin b-12 liquid 1000 mcg/15ml oral</i>	Tier 4	[*]
<i>vitamin b-12 tablet 100 mcg oral</i>	Tier 4	[*]
<i>vitamin b-12 tablet 1000 mcg oral</i>	Tier 4	[*]
<i>vitamin b-12 tablet 250 mcg oral</i>	Tier 4	[*]
<i>vitamin b-12 tablet 500 mcg oral</i>	Tier 4	[*]
<i>vitamin b-12 tablet sublingual 2500 mcg sublingual</i>	Tier 4	[*]
<i>vitamin b-2 tablet 100 mg oral</i>	Tier 4	[*]
<i>vitamin b-2 tablet 25 mg oral</i>	Tier 4	[*]
<i>vitamin b-2 tablet 50 mg oral</i>	Tier 4	[*]
<i>vitamin b-6 tablet 100 mg oral</i>	Tier 4	[*]
<i>vitamin b-6 tablet 25 mg oral</i>	Tier 4	[*]
<i>vitamin b-6 tablet 50 mg oral</i>	Tier 4	[*]
<i>vitamin b1 tablet 100 mg oral</i>	Tier 4	[*]
<i>vitamin b12 tablet 100 mcg oral</i>	Tier 4	[*]

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
vitamin b12 tr tablet extended release 2000 mcg oral	Tier 4	[*]
vitamin b6 tablet 100 mg oral	Tier 4	[*]
vitamin b6 tablet 50 mg oral	Tier 4	[*]
vitamin c drops lozenge 60 mg mouth/throat	Tier 4	[*]
vitamin c er capsule extended release 500 mg oral	Tier 4	[*]
vitamin c er tablet extended release 1500 mg oral	Tier 4	[*]
vitamin c er tablet extended release 500 mg oral	Tier 4	[*]
vitamin c liquid 500 mg/5ml oral	Tier 4	[*]
vitamin c powder oral	Tier 4	[*]
vitamin c tablet 1000 mg oral	Tier 4	[*]
vitamin c tablet 250 mg oral	Tier 4	[*]
vitamin c tablet 500 mg oral	Tier 4	[*]
vitamin c tablet chewable 250 mg oral	Tier 4	[*]
vitamin c tablet chewable 500 mg oral	Tier 4	[*]
vitamin c tablet chewable oral	Tier 4	[*]
vitamin c-rose hips er tablet extended release 1000 mg oral	Tier 4	[*]
vitamin c-rose hips er tablet extended release 500 mg oral	Tier 4	[*]
vitamin c-rose hips tablet 1000 mg oral	Tier 4	[*]
vitamin c-rose hips tablet 500 mg oral	Tier 4	[*]
vitamin c-rose hips tr tablet extended release 500 mg oral	Tier 4	[*]
vitamin c/rose hips tablet 500 mg oral	Tier 4	[*]
vitamin c/rose hips tr tablet extended release 1000 mg oral	Tier 4	[*]
vitamin e blend capsule 400 unit oral	Tier 4	[*]
vitamin e capsule 1000 unit oral	Tier 4	[*]
vitamin e capsule 134 mg (200 unit) oral	Tier 4	[*]

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
vitamin e capsule 180 mg (400 unit) oral	Tier 4	[*]
vitamin e capsule 400 unit oral	Tier 4	[*]
vitamin e capsule 45 mg (100 unit) oral	Tier 4	[*]
vitamin e capsule 450 mg (1000 ut) oral	Tier 4	[*]
vitamin e capsule 670 mg (1000 ut) oral	Tier 4	[*]
vitamin e high potency capsule 180 mg (400 unit) oral	Tier 4	[*]
vitamin e oil 67 mg/0.25ml oral	Tier 4	[*]
vitamin e solution 15 mg/0.67ml oral	Tier 4	[*]
vitamin e water soluble capsule 180 mg (400 unit) oral	Tier 4	[*]
vitamin e/d-alpha capsule 134 mg (200 unit) oral	Tier 4	[*]
vitamin e/d-alpha natural capsule 268 mg (400 unit) oral	Tier 4	[*]
vitamin supplement e-400 capsule 180 mg (400 unit) oral	Tier 4	[*]
vitamin-b complex tablet oral	Tier 4	[*]
vitamins acd-fluoride solution 0.25 mg/ml oral	Tier 3	[*]
vitatrum tablet oral	Tier 4	[*]
vitrum 50+ senior multi tablet oral	Tier 4	[*]
vp-vite rx tablet 1 mg oral	Tier 3	[*]
wee care suspension 15 mg/1.25ml oral	Tier 4	[*]
wescaps capsule 1 mg oral	Tier 3	[*]
westab max tablet 2.5-25-2 mg oral	Tier 3	[*]
westab one tablet 2.5-25-1 mg oral	Tier 3	[*]
womens daily form/fa/ca/fe tablet oral	Tier 4	[*]
womens daily formula tablet oral	Tier 4	[*]
YELETS TEENAGE FORMULA TABLET ORAL	Tier 4	[*]
ZINC 15 TABLET 66 MG ORAL	Tier 4	[*]
zinc capsule 220 (50 zn) mg oral	Tier 4	[*]

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
<i>zinc gluconate tablet 100 mg oral</i>	Tier 4	[*]
<i>zinc gluconate tablet 30 mg oral</i>	Tier 4	[*]
<i>zinc gluconate tablet 50 mg oral</i>	Tier 4	[*]
<i>zinc lozenge 10 mg mouth/throat</i>	Tier 4	[*]
<i>zinc lozenge oral</i>	Tier 4	[*]
<i>zinc sulfate capsule 220 (50 zn) mg oral (otc)</i>	Tier 4	[*]
<i>zinc sulfate tablet 220 (50 zn) mg oral</i>	Tier 4	[*]
<i>zinc tablet 30 mg oral</i>	Tier 4	[*]
<i>zinc tablet 50 mg oral</i>	Tier 4	[*]

ENDOCRINE AND METABOLIC DISORDER AGENTS

<i>acarbose oral</i>	Tier 1	QL (90 per 30 days); MO
<i>alendronate sodium oral solution</i>	Tier 2	QL (300 per 28 days); MO
<i>alendronate sodium oral tablet 10 mg</i>	Tier 2	QL (30 per 30 days); MO
<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	Tier 2	QL (4 per 28 days); MO
<i>aqueous vitamin d liquid 10 mcg/ml oral</i>	Tier 4	[*]
<i>AURYXIA</i>	Tier 2	PA; MO
<i>BPROTECTED PEDIA D-VITE LIQUID 10 MCG/ML ORAL</i>	Tier 4	[*]
<i>BYDUREON BCISE</i>	Tier 2	PA; QL (4 per 28 days); MO
<i>BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR</i>	Tier 2	PA; QL (2.4 per 30 days); MO
<i>BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR</i>	Tier 2	PA; QL (1.2 per 30 days); MO
<i>CALCIDOL SOLUTION 200 MCG/ML ORAL</i>	Tier 4	[*]
<i>calcitonin (salmon) injection</i>	Tier 2	B/D PA
<i>calcitonin (salmon) nasal</i>	Tier 2	QL (4 per 30 days); MO
<i>calcitriol intravenous solution 1 mcg/ml</i>	Tier 2	B/D PA
<i>calcitriol oral capsule</i>	Tier 2	B/D PA; MO
<i>calcium acetate (phos binder) oral capsule</i>	Tier 2	MO
<i>cinacalcet hcl oral tablet 30 mg, 60 mg</i>	Tier 2	B/D PA; QL (60 per 30 days)

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
<i>cinacalcet hcl oral tablet 90 mg</i>	Tier 2	B/D PA; QL (120 per 30 days)
CYCLOSET	Tier 2	ST; QL (180 per 30 days); MO
D-VI-SOL LIQUID 10 MCG/ML ORAL	Tier 4	[*]
<i>d-vite pediatric liquid 10 mcg/ml oral</i>	Tier 4	[*]
<i>deferasirox oral tablet soluble</i>	Tier 2	PA
<i>diazoxide oral</i>	Tier 2	MO
<i>doxercalciferol oral capsule 0.5 mcg</i>	Tier 2	B/D PA; MO
<i>ergocalciferol capsule 1.25 mg (50000 ut) oral</i>	Tier 3	[*]
<i>ergocalciferol solution 200 mcg/ml oral</i>	Tier 4	[*]
FARXIGA	Tier 2	QL (30 per 30 days); MO
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 600 MCG/2.4ML	Tier 2	PA; QL (3 per 28 days)
<i>glimepiride oral tablet 1 mg</i>	Tier 1	QL (240 per 30 days); MO
<i>glimepiride oral tablet 2 mg</i>	Tier 1	QL (120 per 30 days); MO
<i>glimepiride oral tablet 4 mg</i>	Tier 1	QL (60 per 30 days); MO
<i>glipizide er oral tablet extended release 24 hour 10 mg</i>	Tier 1	QL (60 per 30 days); MO
<i>glipizide er oral tablet extended release 24 hour 2.5 mg</i>	Tier 1	QL (240 per 30 days); MO
<i>glipizide er oral tablet extended release 24 hour 5 mg</i>	Tier 1	QL (120 per 30 days); MO
<i>glipizide oral tablet 10 mg</i>	Tier 1	QL (120 per 30 days); MO
<i>glipizide oral tablet 2.5 mg</i>	Tier 1	MO
<i>glipizide oral tablet 5 mg</i>	Tier 1	QL (240 per 30 days); MO
<i>glipizide xl oral tablet extended release 24 hour 10 mg</i>	Tier 1	QL (60 per 30 days); MO
<i>glipizide xl oral tablet extended release 24 hour 2.5 mg</i>	Tier 1	QL (240 per 30 days); MO
<i>glipizide xl oral tablet extended release 24 hour 5 mg</i>	Tier 1	QL (120 per 30 days); MO
<i>glipizide-metformin hcl oral tablet 2.5-250 mg</i>	Tier 1	QL (240 per 30 days); MO

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
<i>glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg</i>	Tier 1	QL (120 per 30 days); MO
GLUCAGEN HYPOKIT	Tier 1	
<i>glucagon emergency injection kit</i>	Tier 1	
<i>glyburide oral tablet 1.25 mg</i>	Tier 2	QL (480 per 30 days); MO
<i>glyburide oral tablet 2.5 mg</i>	Tier 2	QL (240 per 30 days); MO
<i>glyburide oral tablet 5 mg</i>	Tier 2	QL (120 per 30 days); MO
GLYXAMBI	Tier 2	QL (30 per 30 days); MO
HUMALOG INJECTION	Tier 1	MO
HUMALOG JUNIOR KWIKPEN	Tier 1	MO
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 1	MO
HUMALOG MIX 50/50	Tier 1	MO
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	Tier 1	MO
HUMALOG MIX 75/25	Tier 1	MO
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	Tier 1	MO
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	Tier 1	MO
HUMULIN 70/30	Tier 1	MO
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	Tier 1	MO
HUMULIN N	Tier 1	MO
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	Tier 1	MO
HUMULIN R	Tier 1	MO
<i>ibandronate sodium oral</i>	Tier 2	QL (1 per 28 days); MO
<i>insulin lispro (1 unit dial)</i>	Tier 1	MO
<i>insulin lispro injection</i>	Tier 1	MO
<i>insulin lispro junior kwikpen</i>	Tier 1	MO
<i>insulin lispro prot & lispro</i>	Tier 1	MO

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
JANUMET	Tier 2	QL (60 per 30 days); MO
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	Tier 2	QL (30 per 30 days); MO
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	Tier 2	QL (60 per 30 days); MO
JANUVIA ORAL TABLET 100 MG	Tier 2	QL (30 per 30 days); MO
JANUVIA ORAL TABLET 25 MG	Tier 2	QL (120 per 30 days); MO
JANUVIA ORAL TABLET 50 MG	Tier 2	QL (60 per 30 days); MO
JARDIANCE	Tier 2	QL (30 per 30 days); MO
JENTADUETO	Tier 2	QL (60 per 30 days); MO
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	Tier 2	QL (60 per 30 days); MO
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG	Tier 2	QL (30 per 30 days); MO
KERENDIA	Tier 2	PA; QL (30 per 30 days); MO
LANTUS	Tier 1	MO
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 1	MO
LEVEMIR	Tier 1	MO
LEVEMIR FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 1	MO
LEVEMIR FLEXTOUCH	Tier 1	MO
LOKELMA	Tier 2	MO
LYUMJEV	Tier 1	MO
LYUMJEV KWIKPEN	Tier 1	MO
<i>metformin hcl er oral tablet extended release 24 hour 500 mg</i>	Tier 1	QL (120 per 30 days); MO
<i>metformin hcl er oral tablet extended release 24 hour 750 mg</i>	Tier 1	QL (60 per 30 days); MO
<i>metformin hcl oral tablet 1000 mg</i>	Tier 1	QL (60 per 30 days); MO
<i>metformin hcl oral tablet 500 mg</i>	Tier 1	QL (150 per 30 days); MO

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
metformin hcl oral tablet 850 mg	Tier 1	QL (90 per 30 days); MO
nateglinide oral tablet 120 mg	Tier 1	QL (90 per 30 days); MO
nateglinide oral tablet 60 mg	Tier 1	QL (180 per 30 days); MO
NATPARA	Tier 2	PA; QL (2 per 28 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML	Tier 2	PA; QL (1.5 per 28 days); MO
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	Tier 2	PA; QL (3 per 28 days); MO
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	Tier 2	PA; QL (3 per 28 days); MO
OZEMPIC (2 MG/DOSE)	Tier 2	PA; QL (3 per 28 days); MO
pamidronate disodium intravenous solution 30 mg/10ml, 90 mg/10ml	Tier 2	
pamidronate disodium intravenous solution 6 mg/ml	Tier 2	B/D PA
paricalcitol oral	Tier 2	B/D PA; MO
pharmacist choice d-vitamin liquid 400 unit/ml oral	Tier 4	[*]
pioglitazone hcl oral tablet 15 mg	Tier 1	QL (90 per 30 days); MO
pioglitazone hcl oral tablet 30 mg	Tier 1	QL (45 per 30 days); MO
pioglitazone hcl oral tablet 45 mg	Tier 1	QL (30 per 30 days); MO
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 2	PA; QL (1 per 180 days)
repaglinide oral tablet 0.5 mg	Tier 1	QL (960 per 30 days); MO
repaglinide oral tablet 1 mg	Tier 1	QL (480 per 30 days); MO
repaglinide oral tablet 2 mg	Tier 1	QL (240 per 30 days); MO
RYBELSUS ORAL TABLET 14 MG, 7 MG	Tier 2	PA; QL (30 per 30 days); MO
RYBELSUS ORAL TABLET 3 MG	Tier 2	PA; QL (60 per 365 days); MO
sevelamer carbonate oral packet 0.8 gm	Tier 2	QL (540 per 30 days); MO
sevelamer carbonate oral packet 2.4 gm	Tier 2	QL (180 per 30 days); MO
sevelamer carbonate oral tablet	Tier 2	QL (540 per 30 days); MO

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
sodium polystyrene sulfonate oral powder	Tier 2	
SPS	Tier 2	
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 2	PA; QL (11 per 30 days); MO
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 2	PA; QL (6 per 30 days); MO
SYNJARDY	Tier 2	QL (60 per 30 days); MO
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 5-1000 MG	Tier 2	QL (60 per 30 days); MO
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 25-1000 MG	Tier 2	QL (30 per 30 days); MO
teriparatide	Tier 2	PA; QL (3 per 28 days)
teriparatide (recombinant)	Tier 2	PA; QL (3 per 28 days)
TOUJEO MAX SOLOSTAR	Tier 2	MO
TOUJEO SOLOSTAR	Tier 2	MO
TRADJENTA	Tier 2	QL (30 per 30 days); MO
trientine hcl	Tier 2	
TRULICITY	Tier 2	PA; QL (2 per 28 days); MO
TYMLOS	Tier 2	PA; QL (1.56 per 28 days)
VELPHORO	Tier 2	QL (180 per 30 days); MO
VELTASSA	Tier 2	MO
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 2	PA; QL (9 per 30 days); MO
vitamin d (ergocalciferol) capsule 1.25 mg (50000 ut) oral	Tier 3	[*]
vitamin d (ergocalciferol) capsule 50000 unit oral	Tier 3	[*]
vitamin d infant liquid 10 mcg/ml oral	Tier 4	[*]
vitamin d liquid 10 mcg/ml oral	Tier 4	[*]
vitamin d3 liquid 10 mcg/ml oral	Tier 4	[*]
XGEVA	Tier 2	PA; QL (5.1 per 28 days)

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 5-500 MG	Tier 2	QL (30 per 30 days); MO
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG	Tier 2	QL (60 per 30 days); MO
<i>zoledronic acid intravenous concentrate</i>	Tier 2	PA
<i>zoledronic acid intravenous solution 4 mg/100ml</i>	Tier 2	PA
GASTROINTESTINAL AGENTS		
ACID GONE SUSPENSION 95-358 MG/15ML ORAL	Tier 4	[*]
<i>acid reducer capsule delayed release 20.6 (20 base) mg oral</i>	Tier 4	[*]
<i>acid reducer complete tablet chewable 10-800-165 mg oral</i>	Tier 4	[*]
<i>acid reducer maximum strength tablet 20 mg oral</i>	Tier 4	[*]
<i>acid reducer tablet 10 mg oral</i>	Tier 4	[*]
ALMACONE DOUBLE STRENGTH SUSPENSION 400-400-40 MG/5ML ORAL	Tier 4	[*]
<i>alosetron hcl</i>	Tier 2	PA; QL (60 per 30 days); MO
<i>aluminum hydroxide gel suspension 320 mg/5ml oral</i>	Tier 4	[*]
<i>antacid calcium tablet chewable 500 mg oral</i>	Tier 4	[*]
<i>antacid extra strength tablet chewable 160-105 mg oral</i>	Tier 4	[*]
<i>antacid extra strength tablet chewable 750 mg oral</i>	Tier 4	[*]
<i>antacid maximum strength suspension 400-400-40 mg/5ml oral</i>	Tier 4	[*]
<i>antacid maximum strength suspension 800-800-80 mg/10ml oral</i>	Tier 4	[*]
<i>antacid regular strength suspension 200-200-20 mg/5ml oral</i>	Tier 4	[*]
<i>antacid regular strength tablet chewable 500 mg oral</i>	Tier 4	[*]

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
antacid suspension 400-400-40 mg/10ml oral	Tier 4	[*]
antacid tablet chewable 750 mg oral	Tier 4	[*]
antacid ultra strength tablet chewable 1000 mg oral	Tier 4	[*]
antacid/antigas suspension 400-400-40 mg/10ml oral	Tier 4	[*]
anti-diarrheal capsule 2 mg oral	Tier 4	[*]
anti-diarrheal solution 1 mg/7.5ml oral	Tier 4	[*]
anti-diarrheal tablet 2 mg oral	Tier 4	[*]
aprepitant oral capsule 125 mg	Tier 2	B/D PA; QL (5 per 30 days)
aprepitant oral capsule 40 mg	Tier 2	B/D PA; QL (1 per 28 days)
aprepitant oral capsule 80 mg	Tier 2	B/D PA; QL (10 per 30 days)
balsalazide disodium	Tier 2	
bisacodyl ec tablet delayed release 5 mg oral (otc)	Tier 4	[*]
bisacodyl suppository 10 mg rectal	Tier 4	[*]
bismatrol tablet chewable 262 mg oral	Tier 4	[*]
bismuth subsalicylate tablet chewable 262 mg oral	Tier 4	[*]
budesonide er oral tablet extended release 24 hour	Tier 2	PA
budesonide oral	Tier 2	
CAL-GEST ANTACID TABLET CHEWABLE 500 MG ORAL	Tier 4	[*]
calcium antacid extra strength tablet chewable 750 mg oral	Tier 4	[*]
calcium antacid tablet chewable 500 mg oral	Tier 4	[*]
calcium carbonate antacid suspension 1250 mg/5ml oral	Tier 4	[*]
calcium carbonate antacid tablet 648 mg oral	Tier 4	[*]
cimetidine oral tablet 300 mg, 400 mg, 800 mg	Tier 2	MO
CLEARLAX POWDER 17 GM/SCOOP ORAL	Tier 4	[*]

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
COMPRO	Tier 2	
<i>constulose</i>	Tier 2	MO
<i>dicyclomine hcl oral</i>	Tier 2	
<i>diphenoxylate-atropine oral liquid</i>	Tier 2	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	Tier 2	
<i>docusate calcium capsule 240 mg oral</i>	Tier 4	[*]
<i>docusate sodium capsule 100 mg oral</i>	Tier 4	[*]
DOCUSOL KIDS ENEMA 100 MG/5ML RECTAL	Tier 4	[*]
DOCUSOL PLUS MINI-ENEMA ENEMA 20-283 MG RECTAL	Tier 4	[*]
DRIMINATE TABLET 50 MG ORAL	Tier 4	[*]
<i>dronabinol</i>	Tier 2	B/D PA; QL (120 per 30 days)
<i>enema enema 7-19 gm/118ml rectal</i>	Tier 4	[*]
ENEMEEZ MINI ENEMA 283 MG/5ML RECTAL	Tier 4	[*]
ENEMEEZ PLUS ENEMA 20-283 MG RECTAL	Tier 4	[*]
<i>enulose</i>	Tier 2	MO
<i>esomeprazole magnesium capsule delayed release 20 mg oral (otc)</i>	Tier 4	[*]
<i>esomeprazole magnesium tablet delayed release 20 mg oral (otc)</i>	Tier 4	[*]
<i>famotidine (pf)</i>	Tier 2	
<i>famotidine intravenous solution 200 mg/20ml, 40 mg/4ml</i>	Tier 2	
<i>famotidine maximum strength tablet 20 mg oral</i>	Tier 4	[*]
<i>famotidine oral tablet 20 mg, 40 mg</i>	Tier 2	MO
<i>famotidine orig st tablet 10 mg oral</i>	Tier 4	[*]
<i>famotidine premixed</i>	Tier 2	
<i>famotidine tablet 10 mg oral</i>	Tier 4	[*]
<i>fiber tablet 625 mg oral</i>	Tier 4	[*]
<i>fiber-lax tablet 625 mg oral</i>	Tier 4	[*]

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
FLEET PEDIATRIC ENEMA 3.5-9.5 GM/59ML RECTAL	Tier 4	[*]
FUSION CAPSULE 65-65-25-30 MG ORAL	Tier 4	[*]
FUSION PLUS CAPSULE ORAL	Tier 3	[*]
<i>gas relief extra strength capsule 125 mg oral</i>	Tier 4	[*]
<i>gas relief extra strength tablet chewable 125 mg oral</i>	Tier 4	[*]
<i>gas relief infants suspension 20 mg/0.3ml oral</i>	Tier 4	[*]
<i>gas relief tablet chewable 80 mg oral</i>	Tier 4	[*]
<i>gas relief ultra strength capsule 180 mg oral</i>	Tier 4	[*]
GATTEX	Tier 2	PA; LA
<i>gavilax powder 17 gm/scoop oral</i>	Tier 4	[*]
GAVILYTE-C	Tier 2	
GAVILYTE-G	Tier 2	
GAVILYTE-N WITH FLAVOR PACK	Tier 2	
<i>generlac</i>	Tier 2	MO
<i>glycopyrrolate injection solution 0.2 mg/ml</i>	Tier 2	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	Tier 2	
<i>gnp omeprazole tablet delayed release 20 mg oral</i>	Tier 4	[*]
GOODSENSE CLEARLAX POWDER 17 GM/SCOOP ORAL	Tier 4	[*]
<i>heartburn relief ex st suspension 254-237.5 mg/5ml oral</i>	Tier 4	[*]
<i>hydrocortisone oral</i>	Tier 2	
<i>hydrocortisone rectal enema</i>	Tier 2	
<i>hyoscyamine sulfate oral tablet</i>	Tier 2	MO
<i>hyoscyamine sulfate oral tablet dispersible</i>	Tier 2	MO
<i>hyoscyamine sulfate sublingual</i>	Tier 2	MO
<i>lactulose encephalopathy</i>	Tier 2	MO
<i>lactulose oral solution</i>	Tier 2	MO

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
<i>lansoprazole capsule delayed release 15 mg oral (otc)</i>	Tier 4	[*]
<i>lansoprazole oral capsule delayed release 15 mg</i>	Tier 2	MO
<i>lansoprazole oral capsule delayed release 30 mg</i>	Tier 2	QL (30 per 30 days); MO
<i>LINZESS</i>	Tier 2	QL (30 per 30 days); MO
<i>loperamide hcl oral capsule</i>	Tier 2	
<i>loperamide hcl solution 1 mg/7.5ml oral</i>	Tier 4	[*]
<i>loperamide-simethicone tablet 2-125 mg oral</i>	Tier 4	[*]
<i>lubiprostone</i>	Tier 2	QL (60 per 30 days); MO
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	Tier 2	
<i>meclizine hcl tablet 12.5 mg oral (otc)</i>	Tier 4	[*]
<i>meclizine hcl tablet chewable 25 mg oral (otc)</i>	Tier 4	[*]
<i>mesalamine er</i>	Tier 2	MO
<i>mesalamine oral tablet delayed release 1.2 gm</i>	Tier 2	MO
<i>mesalamine rectal</i>	Tier 2	
<i>mesalamine-cleanser</i>	Tier 2	
<i>metoclopramide hcl injection</i>	Tier 2	
<i>metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml</i>	Tier 2	
<i>metoclopramide hcl oral tablet</i>	Tier 2	
<i>milk of magnesia suspension 400 mg/5ml oral</i>	Tier 4	[*]
<i>milk of magnesia suspension 7.75 % oral</i>	Tier 4	[*]
<i>mintox maximum strength suspension 400-400-40 mg/5ml oral</i>	Tier 4	[*]
<i>MINTOX PLUS TABLET CHEWABLE 200-200-25 MG ORAL</i>	Tier 4	[*]
<i>misoprostol oral</i>	Tier 2	MO
<i>motion sickness relief tablet 25 mg oral</i>	Tier 4	[*]
<i>motion sickness relief tablet 50 mg oral</i>	Tier 4	[*]
<i>MOVANTIK</i>	Tier 2	QL (30 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
omeprazole magnesium capsule delayed release 20.6 (20 base) mg oral	Tier 4	[*]
omeprazole magnesium tablet delayed release 20 mg oral	Tier 4	[*]
omeprazole oral capsule delayed release	Tier 1	MO
omeprazole tablet delayed release 20 mg oral	Tier 4	[*]
omeprazole tablet delayed release dispersible 20 mg oral	Tier 4	[*]
ondansetron	Tier 2	B/D PA; QL (90 per 30 days)
ondansetron hcl injection	Tier 2	
ondansetron hcl oral tablet 24 mg	Tier 2	B/D PA; QL (30 per 30 days)
ondansetron hcl oral tablet 4 mg, 8 mg	Tier 2	B/D PA; QL (90 per 30 days)
pantoprazole sodium intravenous	Tier 2	
pantoprazole sodium oral tablet delayed release	Tier 1	MO
peg 3350 packet 17 gm oral	Tier 4	[*]
peg 3350 powder 17 gm/scoop oral	Tier 4	[*]
peg 3350-kcl-na bicarb-nacl	Tier 2	
peg-3350/electrolytes	Tier 2	
peg-3350/electrolytes/ascorbat	Tier 2	
peg-kcl-nacl-nasulf-na asc-c	Tier 2	
polyethylene glycol 3350 packet 17 gm oral (otc)	Tier 4	[*]
polyethylene glycol 3350 powder 17 gm/scoop oral (otc)	Tier 4	[*]
prochlorperazine	Tier 2	
prochlorperazine edisylate injection solution 10 mg/2ml	Tier 2	
prochlorperazine maleate oral	Tier 2	MO
promethazine hcl oral tablet	Tier 2	
scopolamine	Tier 2	QL (10 per 28 days)
senna-lax tablet 8.6 mg oral	Tier 4	[*]

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
<i>simethicone drops infants suspension 20 mg/0.3ml oral</i>	Tier 4	[*]
<i>simethicone tablet chewable 80 mg oral</i>	Tier 4	[*]
<i>simethicone ultra strength capsule 180 mg oral</i>	Tier 4	[*]
<i>sm anti-diarrheal tablet 2 mg oral</i>	Tier 4	[*]
<i>smooth antacid extra strength tablet chewable 750 mg oral</i>	Tier 4	[*]
<i>sodium bicarbonate tablet 325 mg oral</i>	Tier 4	[*]
<i>sodium bicarbonate tablet 650 mg oral</i>	Tier 4	[*]
<i>stomach relief extra strength suspension 525 mg/15ml oral</i>	Tier 4	[*]
<i>stomach relief suspension 525 mg/30ml oral</i>	Tier 4	[*]
<i>stomach relief tablet 262 mg oral</i>	Tier 4	[*]
<i>stomach relief tablet chewable 262 mg oral</i>	Tier 4	[*]
<i>stomach relief ultra suspension 525 mg/15ml oral</i>	Tier 4	[*]
<i>sucralfate oral tablet</i>	Tier 2	MO
<i>sulfasalazine oral</i>	Tier 2	MO
<i>ursodiol oral capsule 300 mg</i>	Tier 2	MO
<i>ursodiol oral tablet</i>	Tier 2	MO
XERMELO	Tier 2	PA; QL (90 per 30 days); LA

GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT

<i>betaine</i>	Tier 2	LA
<i>CREON</i>	Tier 2	MO
<i>cromolyn sodium oral</i>	Tier 2	MO
<i>CYSTAGON</i>	Tier 2	LA
<i>FABRAZYME</i>	Tier 2	PA; LA
<i>JAVYGTOR ORAL TABLET</i>	Tier 2	PA
<i>LUMIZYME</i>	Tier 2	PA; LA
<i>miglustat</i>	Tier 2	PA; LA
<i>NAGLAZYME</i>	Tier 2	PA; LA

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
<i>nitisinone</i>	Tier 2	PA
ORFADIN ORAL CAPSULE 20 MG	Tier 2	PA; LA
ORFADIN ORAL SUSPENSION	Tier 2	PA; LA
PROLASTIN-C	Tier 2	PA; LA
RAVICTI	Tier 2	PA; QL (525 per 30 days); LA
<i>sapropterin dihydrochloride oral tablet</i>	Tier 2	PA
<i>sodium phenylbutyrate oral tablet</i>	Tier 2	PA
VPRIV	Tier 2	PA
YARGESA	Tier 2	PA
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT	Tier 2	MO

GENITOURINARY AGENTS

<i>alfuzosin hcl er</i>	Tier 2	MO
<i>bethanechol chloride oral</i>	Tier 2	
<i>clindamycin phosphate vaginal</i>	Tier 2	
<i>clotrimazole cream 1 % vaginal</i>	Tier 4	[*]
<i>dutasteride oral</i>	Tier 2	QL (30 per 30 days); MO
<i>dutasteride-tamsulosin hcl</i>	Tier 2	QL (30 per 30 days); MO
<i>fesoterodine fumarate er</i>	Tier 2	QL (30 per 30 days); MO
<i>finasteride oral tablet 5 mg</i>	Tier 2	MO
GEMTESA	Tier 2	QL (30 per 30 days); MO
K-PHOS-NEUTRAL TABLET 155-852-130 MG ORAL	Tier 3	[*]
<i>metronidazole vaginal</i>	Tier 2	
<i>miconazole 3 combo-supp kit 200 & 2 mg-% (9gm) vaginal</i>	Tier 4	[*]
<i>miconazole 3 vaginal suppository</i>	Tier 2	
<i>miconazole nitrate cream 2 % vaginal</i>	Tier 4	[*]

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER	Tier 2	QL (300 per 30 days); MO
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	Tier 2	QL (30 per 30 days); MO
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg</i>	Tier 2	QL (60 per 30 days); MO
<i>oxybutynin chloride er oral tablet extended release 24 hour 5 mg</i>	Tier 2	QL (30 per 30 days); MO
<i>oxybutynin chloride oral solution</i>	Tier 2	QL (600 per 30 days); MO
<i>oxybutynin chloride oral tablet 2.5 mg</i>	Tier 2	QL (90 per 30 days); MO
<i>oxybutynin chloride oral tablet 5 mg</i>	Tier 2	QL (120 per 30 days); MO
<i>penicillamine oral tablet</i>	Tier 2	
PHOSPHA 250 NEUTRAL TABLET 155-852-130 MG ORAL	Tier 3	[*]
PHOSPHO-TRIN 250 NEUTRAL TABLET 155-852-130 MG ORAL	Tier 3	[*]
PHOSPHO-TRIN K500 TABLET 500 MG ORAL	Tier 3	[*]
<i>phosphorous tablet 155-852-130 mg oral</i>	Tier 3	[*]
<i>potassium citrate er</i>	Tier 2	
<i>potassium citrate-citric acid solution 1100-334 mg/5ml oral</i>	Tier 3	[*]
<i>sm miconazole 7 cream 2 % vaginal</i>	Tier 4	[*]
<i>sod citrate-citric acid solution 500-334 mg/5ml oral (rx)</i>	Tier 3	[*]
<i>solifenacin succinate</i>	Tier 2	QL (30 per 30 days); MO
<i>tamsulosin hcl</i>	Tier 2	MO
<i>terconazole</i>	Tier 2	
<i>tioconazole-1 ointment 6.5 % vaginal</i>	Tier 4	[*]
<i>tolterodine tartrate</i>	Tier 2	QL (60 per 30 days); MO
<i>tolterodine tartrate er</i>	Tier 2	QL (30 per 30 days); MO
<i>tricitrates solution 550-500-334 mg/5ml oral</i>	Tier 3	[*]

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
VANDAZOLE	Tier 2	
wes-phos 250 neutral tablet 155-852-130 mg oral	Tier 4	[*]
HORMONAL AGENTS		
AFIRMELLE	Tier 2	MO
ALTAVERA	Tier 2	MO
alyacen 1/35	Tier 2	MO
alyacen 7/7/7	Tier 2	MO
AMABELZ	Tier 2	PA; MO
APRI	Tier 2	MO
ARANELLE	Tier 2	MO
AUBRA EQ	Tier 2	MO
AUROVELA 1.5/30	Tier 2	MO
AUROVELA 1/20	Tier 2	MO
AUROVELA FE 1.5/30	Tier 2	MO
AUROVELA FE 1/20	Tier 2	MO
AVIANE	Tier 2	MO
AYUNA	Tier 2	MO
AZURETTE	Tier 2	MO
BALZIVA	Tier 2	MO
BLISOVI FE 1.5/30	Tier 2	MO
BLISOVI FE 1/20	Tier 2	MO
briellyn	Tier 2	MO
cabergoline	Tier 2	
CAMILA	Tier 2	MO
CHATEAL EQ	Tier 2	MO
CRYSELLE-28	Tier 2	MO
CYRED EQ	Tier 2	MO
danazol oral	Tier 2	
DASETTA 1/35	Tier 2	MO

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
DASSETTA 7/7/7	Tier 2	MO
DEBLITANE	Tier 2	MO
DELYLA	Tier 2	MO
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	Tier 2	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION	Tier 2	PA; MO
<i>desmopressin ace spray refrig</i>	Tier 2	MO
<i>desmopressin acetate injection</i>	Tier 2	
<i>desmopressin acetate oral</i>	Tier 2	MO
<i>desmopressin acetate pf</i>	Tier 2	
<i>desmopressin acetate spray</i>	Tier 2	MO
<i>desogestrel-ethynodiol dihydrogen phosphate injection</i>	Tier 2	MO
<i>dexamethasone oral elixir</i>	Tier 2	
<i>dexamethasone oral solution</i>	Tier 2	
<i>dexamethasone oral tablet</i>	Tier 2	
<i>dexamethasone sodium phosphate pf injection solution</i>	Tier 2	
<i>dexamethasone sodium phosphate injection</i>	Tier 2	
<i>drospirenone-ethynodiol dihydrogen phosphate oral tablet 3-0.03 mg</i>	Tier 2	MO
DUAVEE	Tier 2	PA; QL (30 per 30 days); MO
ECONTRA EZ TABLET 1.5 MG ORAL	Tier 4	[*]
ELINEST	Tier 2	MO
ELURYNG	Tier 2	MO
EMOQUETTE	Tier 2	MO
ENILLORING	Tier 2	MO
ENPRESSE-28	Tier 2	MO
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	Tier 2	MO
ERRIN	Tier 2	MO
ESTARYLLA	Tier 2	MO

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
<i>estradiol oral</i>	Tier 2	MO
<i>estradiol transdermal patch weekly</i>	Tier 2	PA; QL (4 per 28 days); MO
<i>estradiol vaginal cream</i>	Tier 2	MO
<i>ethynodiol diac-eth estradiol</i>	Tier 2	MO
<i>etonogestrel-ethynodiol estradiol</i>	Tier 2	MO
EUTHYROX	Tier 1	MO
FALMINA	Tier 2	MO
FEMYNOR	Tier 2	MO
<i>fludrocortisone acetate oral</i>	Tier 2	MO
HAILEY 1.5/30	Tier 2	MO
HAILEY FE 1.5/30	Tier 2	MO
HAILEY FE 1/20	Tier 2	MO
HALOETTE	Tier 2	MO
HEATHER	Tier 2	MO
ICLEVIA	Tier 2	MO
INCASSIA	Tier 2	MO
INCRELEX	Tier 2	PA; LA
INTROVALE	Tier 2	MO
ISIBLOOM	Tier 2	MO
JENCYCLA	Tier 2	MO
JOLESSA	Tier 2	MO
JULEBER	Tier 2	MO
JUNEL 1.5/30	Tier 2	MO
JUNEL 1/20	Tier 2	MO
JUNEL FE 1.5/30	Tier 2	MO
JUNEL FE 1/20	Tier 2	MO
KALLIGA	Tier 2	MO
KARIVA	Tier 2	MO
KELNOR 1/35	Tier 2	MO

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
KELNOR 1/50	Tier 2	MO
KORLYM	Tier 2	PA; LA
KURVELO	Tier 2	MO
<i>Ianreotide acetate</i>	Tier 2	PA
LARIN 1.5/30	Tier 2	MO
LARIN 1/20	Tier 2	MO
LARIN FE 1.5/30	Tier 2	MO
LARIN FE 1/20	Tier 2	MO
LEENA	Tier 2	MO
LESSINA	Tier 2	MO
LEVO-T	Tier 1	MO
LEVONEST	Tier 2	MO
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	Tier 2	MO
<i>levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg</i>	Tier 2	MO
<i>levonorgestrel tablet 1.5 mg oral (otc)</i>	Tier 4	[*]
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg</i>	Tier 2	MO
LEVORA 0.15/30 (28)	Tier 2	MO
<i>levothyroxine sodium oral tablet</i>	Tier 1	MO
LEVOXYL	Tier 1	MO
<i>liothyronine sodium oral</i>	Tier 2	MO
LOESTRIN 1.5/30 (21)	Tier 2	MO
LOESTRIN 1/20 (21)	Tier 2	MO
LOESTRIN FE 1.5/30	Tier 2	MO
LOESTRIN FE 1/20	Tier 2	MO
LOW-OGESTREL	Tier 2	MO
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 7.5 MG	Tier 2	PA; QL (1 per 28 days)

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
LUTERA	Tier 2	MO
LYLEQ	Tier 2	MO
LYZA	Tier 2	MO
marlissa	Tier 2	MO
<i>medroxyprogesterone acetate intramuscular</i>	Tier 2	
<i>medroxyprogesterone acetate oral</i>	Tier 2	MO
<i>megestrol acetate suspension 625 mg/5ml oral</i>	Tier 2	PA
MENEST	Tier 2	PA; MO
<i>methimazole oral</i>	Tier 2	MO
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i>	Tier 2	
<i>methylprednisolone oral</i>	Tier 2	
<i>methylprednisolone sodium succ injection solution reconstituted 1000 mg, 125 mg, 40 mg</i>	Tier 2	
MICROGESTIN 1.5/30	Tier 2	MO
MICROGESTIN 1/20	Tier 2	MO
MICROGESTIN 24 FE	Tier 2	MO
MICROGESTIN FE 1.5/30	Tier 2	MO
MICROGESTIN FE 1/20	Tier 2	MO
MILI	Tier 2	MO
MONO-LINYAH	Tier 2	MO
MY WAY TABLET 1.5 MG ORAL (OTC)	Tier 4	[*]
NECON 0.5/35 (28)	Tier 2	MO
NEW DAY TABLET 1.5 MG ORAL	Tier 4	[*]
NORA-BE	Tier 2	MO
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR	Tier 2	PA
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	Tier 2	MO
<i>norethindrone acet-ethinyl est oral tablet</i>	Tier 2	MO

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
<i>norethindrone acetate oral</i>	Tier 2	MO
<i>norethindrone oral</i>	Tier 2	MO
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	Tier 2	MO
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	Tier 2	MO
NORLYDA	Tier 2	MO
NORLYROC	Tier 2	MO
NORTREL 0.5/35 (28)	Tier 2	MO
NORTREL 1/35 (21)	Tier 2	MO
NORTREL 1/35 (28)	Tier 2	MO
NORTREL 7/7/7	Tier 2	MO
NYLIA 1/35	Tier 2	MO
NYLIA 7/7/7	Tier 2	MO
OCELLA	Tier 2	MO
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	Tier 2	PA
<i>octreotide acetate subcutaneous</i>	Tier 2	PA
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE	Tier 2	PA; LA
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier 2	PA; LA
OPCICON ONE-STEP TABLET 1.5 MG ORAL	Tier 4	[*]
ORSYTHIA	Tier 2	MO
<i>oxandrolone oral tablet 10 mg</i>	Tier 2	PA; QL (60 per 30 days)
<i>oxandrolone oral tablet 2.5 mg</i>	Tier 2	PA; QL (240 per 30 days)
PHILITH	Tier 2	MO
PIMTREA	Tier 2	MO
PIRMELLA 1/35	Tier 2	MO
PIRMELLA 7/7/7	Tier 2	MO

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
PORTIA-28	Tier 2	MO
<i>prednisolone oral solution</i>	Tier 2	
<i>prednisolone sodium phosphate oral solution 15 mg/5ml, 6.7 (5 base) mg/5ml</i>	Tier 2	
PREDNISONE INTENSOL	Tier 2	
<i>prednisone oral</i>	Tier 2	
PREMARIN ORAL	Tier 2	PA; MO
PREMARIN VAGINAL	Tier 2	MO
PREMPRO ORAL TABLET 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	Tier 2	PA; MO
<i>progesterone oral</i>	Tier 2	MO
<i>propylthiouracil oral</i>	Tier 2	MO
<i>raloxifene hcl</i>	Tier 2	QL (30 per 30 days); MO
RECLIPSEN	Tier 2	MO
SETLAKIN	Tier 2	MO
SHAROBEL	Tier 2	MO
SIGNIFOR	Tier 2	PA; LA
SIMLIYA	Tier 2	MO
SOMATULINE DEPOT	Tier 2	PA
SOMAVERT	Tier 2	PA; LA
SPRINTEC 28	Tier 2	MO
SRONYX	Tier 2	MO
SYEDA	Tier 2	MO
SYNAREL	Tier 2	PA
SYNTHROID	Tier 2	MO
TARINA FE 1/20 EQ	Tier 2	MO
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	Tier 2	PA; MO
<i>testosterone cypionate intramuscular solution 200 mg/ml (1 ml)</i>	Tier 2	MO

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
<i>testosterone enanthate intramuscular solution</i>	Tier 2	PA; MO
<i>testosterone transdermal gel 1.62 %, 20.25 mg/act (1.62%), 40.5 mg/2.5gm (1.62%)</i>	Tier 2	PA; QL (150 per 30 days); MO
<i>testosterone transdermal gel 20.25 mg/1.25gm (1.62%)</i>	Tier 2	PA; QL (112.5 per 30 days); MO
<i>testosterone transdermal gel 25 mg/2.5gm (1%), 50 mg/5gm (1%)</i>	Tier 2	PA; QL (300 per 30 days); MO
TRI FEMYNOR	Tier 2	MO
TRI-ESTARYLLA	Tier 2	MO
TRI-LINYAH	Tier 2	MO
TRI-MILI	Tier 2	MO
TRI-NYMYO	Tier 2	MO
TRI-SPRINTEC	Tier 2	MO
TRI-VYLIBRA	Tier 2	MO
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	Tier 2	
TRIVORA (28)	Tier 2	MO
TURQOZ	Tier 2	MO
UNITHROID	Tier 1	MO
VELIVET	Tier 2	MO
VIENVA	Tier 2	MO
viorele	Tier 2	MO
VOLNEA	Tier 2	MO
VYFEMLA	Tier 2	MO
VYLIBRA	Tier 2	MO
WERA	Tier 2	MO
ZOVIA 1/35 (28)	Tier 2	MO
ZUMANDIMINE	Tier 2	MO
IMMUNOLOGICAL AGENTS		
ABRYSVO	Tier 2	

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
ACTHIB	Tier 1	
ACTIMMUNE	Tier 2	PA; LA
ADACEL	Tier 1	
ARCALYST	Tier 2	PA
AREXVY	Tier 2	
ASTAGRAF XL	Tier 2	B/D PA
<i>azathioprine oral tablet 50 mg</i>	Tier 2	B/D PA
<i>bcg vaccine injection solution reconstituted</i>	Tier 2	
BENLYSTA	Tier 2	PA
BEXSERO	Tier 2	
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	Tier 1	
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 1	
COSENTYX (300 MG DOSE)	Tier 2	PA; QL (8 per 28 days); LA
COSENTYX SENSOREADY (300 MG)	Tier 2	PA; QL (8 per 28 days); LA
COSENTYX SENSOREADY PEN	Tier 2	PA; QL (8 per 28 days); LA
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	Tier 2	PA; QL (8 per 28 days); LA
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	Tier 2	PA; QL (2 per 28 days)
<i>cyclosporine intravenous</i>	Tier 2	B/D PA
<i>cyclosporine modified</i>	Tier 2	B/D PA
<i>cyclosporine oral capsule</i>	Tier 2	B/D PA
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	Tier 1	
<i>diphtheria-tetanus toxoids dt</i>	Tier 2	
ENBREL MINI	Tier 2	PA; QL (8 per 28 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	Tier 2	PA; QL (4 per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML	Tier 2	PA; QL (4.08 per 28 days)

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML	Tier 2	PA; QL (8 per 28 days)
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier 2	PA; QL (8 per 28 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Tier 2	PA; QL (8 per 28 days)
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	Tier 1	B/D PA
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE	Tier 1	B/D PA
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	Tier 2	B/D PA
GAMUNEX-C	Tier 2	PA
GARDASIL 9	Tier 2	
GENGRAF ORAL CAPSULE 100 MG, 25 MG	Tier 2	B/D PA
GENGRAF ORAL SOLUTION	Tier 2	B/D PA
HAVRIX	Tier 1	
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	Tier 2	B/D PA
HIBERIX INJECTION	Tier 1	
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	Tier 2	PA; QL (4 per 28 days)
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	Tier 2	PA; QL (2 per 28 days)
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML	Tier 2	PA; QL (2 per 28 days)
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML, 40 MG/0.8ML	Tier 2	PA; QL (4 per 28 days)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML	Tier 2	PA; QL (6 per 365 days)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML	Tier 2	PA; QL (4 per 365 days)

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT	Tier 2	PA; QL (4 per 28 days)
HUMIRA PEN-PEDIATRIC UC START	Tier 2	PA; QL (8 per 365 days)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	Tier 2	PA; QL (4 per 28 days)
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	Tier 2	PA; QL (12 per 365 days)
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	Tier 2	PA; QL (6 per 365 days)
HUMIRA-PS/UV/ADOL HS STARTER	Tier 2	PA; QL (8 per 365 days)
HUMIRA-PSORIASIS/UVEIT STARTER	Tier 2	PA; QL (6 per 365 days)
HYPERRAB	Tier 2	
ILARIS SUBCUTANEOUS SOLUTION	Tier 2	PA; LA
IMOGLAM RABIES-HT INJECTION SOLUTION 300 UNIT/2ML	Tier 2	
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED	Tier 2	
INFANRIX	Tier 2	
<i>infliximab</i>	Tier 2	PA
INTRON A INJECTION SOLUTION RECONSTITUTED	Tier 2	B/D PA
IPOL	Tier 1	
IXIARO	Tier 2	
JYNNEOS	Tier 2	B/D PA
<i>kedrab injection</i>	Tier 2	
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 2	
<i>leflunomide oral</i>	Tier 2	QL (30 per 30 days); MO
M-M-R II INJECTION	Tier 1	
MENACTRA INTRAMUSCULAR SOLUTION	Tier 2	
MENQUADFI INTRAMUSCULAR SOLUTION	Tier 2	
MENVEO	Tier 2	
<i>methotrexate oral</i>	Tier 2	

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml	Tier 2	
methotrexate sodium injection solution 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml	Tier 2	
methotrexate sodium injection solution reconstituted	Tier 2	
methotrexate sodium oral	Tier 2	
mycophenolate mofetil oral	Tier 2	B/D PA
mycophenolate sodium	Tier 2	B/D PA
NULOJIX	Tier 2	PA
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 2 GM/20ML, 2.5 GM/50ML, 25 GM/500ML, 30 GM/300ML, 5 GM/100ML	Tier 2	PA
OTEZLA ORAL TABLET	Tier 2	PA; QL (60 per 30 days)
OTEZLA ORAL TABLET THERAPY PACK	Tier 2	PA
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 2	
PEDVAX HIB INTRAMUSCULAR SUSPENSION	Tier 1	
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	Tier 2	
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 2	
PENBRAYA	Tier 2	
PENTACEL	Tier 2	
PREHEVBRIOS	Tier 2	B/D PA
PRIORIX	Tier 2	
PROGRAF INTRAVENOUS	Tier 2	B/D PA
PROGRAF ORAL PACKET	Tier 2	B/D PA
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	Tier 2	
QUADRACEL	Tier 2	
RABAVERT	Tier 2	

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
RECOMBIVAX HB	Tier 1	B/D PA
REMICADE	Tier 2	PA
REZUROCK	Tier 2	PA; LA
RIDAURA	Tier 2	MO
RINVOQ	Tier 2	PA; QL (30 per 30 days)
ROTARIX	Tier 2	
ROTATEQ ORAL SOLUTION	Tier 1	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	Tier 2	
<i>sirolimus oral</i>	Tier 2	B/D PA
SKYRIZI INTRAVENOUS	Tier 2	PA; QL (10 per 28 days)
SKYRIZI PEN	Tier 2	PA; QL (6 per 365 days)
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML	Tier 2	PA; QL (1.2 per 56 days)
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML	Tier 2	PA; QL (2.4 per 56 days)
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 2	PA; QL (6 per 365 days)
STELARA INTRAVENOUS	Tier 2	PA; LA
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	Tier 2	PA; QL (1 per 28 days); LA
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Tier 2	PA; QL (1 per 28 days)
<i>tacrolimus oral</i>	Tier 2	B/D PA
TDVAX	Tier 1	
TENIVAC	Tier 2	
TICOVAC	Tier 2	
TREXALL	Tier 2	ST
TRUMENBA	Tier 2	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 1	
TYPHIM VI	Tier 2	

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
VAQTA	Tier 2	
VARIVAX	Tier 2	
VARIZIG INTRAMUSCULAR SOLUTION	Tier 2	
XATMEP	Tier 2	ST
YF-VAX	Tier 2	

INFECTIOUS DISEASE AGENTS

<i>abacavir sulfate oral solution</i>	Tier 2	QL (960 per 30 days)
<i>abacavir sulfate oral tablet</i>	Tier 2	QL (60 per 30 days)
<i>abacavir sulfate-lamivudine</i>	Tier 2	QL (30 per 30 days)
ABELCET	Tier 2	B/D PA
<i>acyclovir oral</i>	Tier 2	MO
<i>acyclovir sodium intravenous solution</i>	Tier 2	B/D PA
<i>adefovir dipivoxil</i>	Tier 2	PA
<i>albendazole oral</i>	Tier 2	
<i>amikacin sulfate injection solution 1 gm/4ml, 500 mg/2ml</i>	Tier 2	
<i>amoxicillin oral capsule</i>	Tier 2	
<i>amoxicillin oral suspension reconstituted</i>	Tier 2	
<i>amoxicillin oral tablet</i>	Tier 2	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	Tier 2	
<i>amoxicillin-pot clavulanate er</i>	Tier 2	
<i>amoxicillin-pot clavulanate oral</i>	Tier 2	
<i>amphotericin b intravenous</i>	Tier 2	B/D PA
<i>amphotericin b liposome</i>	Tier 2	B/D PA
<i>ampicillin oral capsule 500 mg</i>	Tier 2	
<i>ampicillin sodium injection solution reconstituted 1 gm, 125 mg, 2 gm, 250 mg, 500 mg</i>	Tier 2	
<i>ampicillin sodium intravenous</i>	Tier 2	
<i>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm</i>	Tier 2	

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
ampicillin-sulbactam sodium intravenous	Tier 2	
APTIVUS ORAL CAPSULE	Tier 2	QL (120 per 30 days)
atazanavir sulfate oral capsule 150 mg, 200 mg	Tier 2	QL (60 per 30 days)
atazanavir sulfate oral capsule 300 mg	Tier 2	QL (30 per 30 days)
atovaquone oral	Tier 2	PA
atovaquone-proguanil hcl oral tablet 250-100 mg	Tier 2	
azithromycin intravenous	Tier 2	
azithromycin oral suspension reconstituted	Tier 2	
azithromycin oral tablet	Tier 2	
aztreonam	Tier 2	
BARACLUDE ORAL SOLUTION	Tier 2	PA
BICILLIN C-R	Tier 2	
BIKTARVY ORAL TABLET 30-120-15 MG	Tier 2	QL (30 per 30 days); MO
BIKTARVY ORAL TABLET 50-200-25 MG	Tier 2	QL (30 per 30 days)
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 400 & 600 MG/2ML	Tier 2	QL (4 per 28 days)
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 600 & 900 MG/3ML	Tier 2	QL (6 per 28 days)
cefaclor er	Tier 2	
cefaclor oral capsule	Tier 2	
cefaclor oral suspension reconstituted 250 mg/ 5ml	Tier 2	
cefadroxil	Tier 2	
cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 100 gm, 2 gm, 300 gm, 500 mg	Tier 2	
cefazolin sodium intravenous solution reconstituted	Tier 2	
cefazolin sodium-dextrose intravenous solution 1-4 gm/50ml-%	Tier 2	
cefazolin sodium-dextrose intravenous solution reconstituted 1-4 gm-%(50ml)	Tier 2	

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
cefdinir	Tier 2	
cefepime hcl injection solution reconstituted 1 gm	Tier 2	
cefepime hcl intravenous solution reconstituted 2 gm	Tier 2	
cefixime oral capsule	Tier 2	
cefoxitin sodium intravenous	Tier 2	
cefpodoxime proxetil	Tier 2	
cefprozil	Tier 2	
ceftazidime injection solution reconstituted 1 gm, 6 gm	Tier 2	
ceftazidime intravenous	Tier 2	
ceftriaxone sodium in dextrose	Tier 2	
ceftriaxone sodium injection	Tier 2	
ceftriaxone sodium intravenous	Tier 2	
ceftriaxone sodium-dextrose intravenous solution reconstituted 1-3.74 gm-%(50ml), 2-2.22 gm-%(50ml)	Tier 2	
cefuroxime axetil oral tablet	Tier 2	
cefuroxime sodium injection solution reconstituted 750 mg	Tier 2	
cefuroxime sodium intravenous solution reconstituted 1.5 gm	Tier 2	
cephalexin oral capsule 250 mg, 500 mg	Tier 2	
cephalexin oral suspension reconstituted	Tier 2	
chloroquine phosphate oral	Tier 1	MO
CIMDUO	Tier 2	QL (30 per 30 days)
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	Tier 2	
ciprofloxacin in d5w intravenous solution 200 mg/100ml	Tier 2	
clarithromycin er	Tier 2	

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
<i>clarithromycin oral</i>	Tier 2	
<i>clindamycin hcl oral</i>	Tier 2	
<i>clindamycin phosphate injection solution 600 mg/4ml, 9 gm/60ml, 9000 mg/60ml</i>	Tier 2	
<i>COARTEM</i>	Tier 2	
<i>colistimethate sodium (cba)</i>	Tier 2	
<i>COMPLERA</i>	Tier 2	QL (30 per 30 days)
<i>dapsone oral</i>	Tier 2	MO
<i>daptomycin</i>	Tier 2	
<i>darunavir</i>	Tier 2	QL (60 per 30 days)
<i>DELSTRIGO</i>	Tier 2	QL (30 per 30 days)
<i>demeclacycline hcl oral</i>	Tier 2	
<i>DESCOVY</i>	Tier 2	QL (30 per 30 days)
<i>dicloxacillin sodium</i>	Tier 2	
<i>DIFICID</i>	Tier 2	PA
<i>DOVATO</i>	Tier 2	QL (30 per 30 days)
<i>DOXY 100</i>	Tier 2	
<i>doxycycline hyclate intravenous</i>	Tier 2	
<i>doxycycline hyclate oral capsule</i>	Tier 2	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	Tier 2	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	Tier 2	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg</i>	Tier 2	
<i>E.E.S. 400 ORAL TABLET</i>	Tier 2	
<i>EDURANT</i>	Tier 2	QL (30 per 30 days)
<i>efavirenz oral capsule 200 mg</i>	Tier 2	QL (120 per 30 days)
<i>efavirenz oral capsule 50 mg</i>	Tier 2	QL (360 per 30 days)
<i>efavirenz oral tablet</i>	Tier 2	QL (30 per 30 days)
<i>efavirenz-emtricitab-tenofo df</i>	Tier 2	QL (30 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
efavirenz-lamivudine-tenofovir	Tier 2	QL (30 per 30 days)
emtricitabine	Tier 2	QL (30 per 30 days)
emtricitabine-tenofovir df	Tier 2	QL (30 per 30 days)
EMTRIVA ORAL SOLUTION	Tier 2	QL (850 per 30 days)
entecavir	Tier 2	PA
EPCLUSA ORAL PACKET 150-37.5 MG	Tier 2	PA; QL (30 per 30 days)
EPCLUSA ORAL PACKET 200-50 MG	Tier 2	PA; QL (60 per 30 days)
EPCLUSA ORAL TABLET 200-50 MG	Tier 2	PA; QL (60 per 30 days)
EPCLUSA ORAL TABLET 400-100 MG	Tier 2	PA; QL (30 per 30 days)
EPIVIR HBV ORAL SOLUTION	Tier 2	
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	Tier 2	PA
ertapenem sodium	Tier 2	
ERY-TAB	Tier 2	
ERYTHROCIN STEARATE ORAL TABLET 250 MG	Tier 2	
erythromycin base oral tablet delayed release	Tier 2	
erythromycin ethylsuccinate oral tablet	Tier 2	
erythromycin lactobionate	Tier 2	
erythromycin oral	Tier 2	
erythromycin stearate oral tablet 250 mg	Tier 2	
ethambutol hcl oral	Tier 2	
etravirine oral tablet 100 mg	Tier 2	QL (120 per 30 days)
etravirine oral tablet 200 mg	Tier 2	QL (60 per 30 days)
EVOTAZ	Tier 2	QL (30 per 30 days)
famciclovir oral tablet 125 mg, 250 mg	Tier 2	QL (60 per 30 days)
famciclovir oral tablet 500 mg	Tier 2	QL (21 per 7 days)
fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%	Tier 2	
fluconazole oral	Tier 2	

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
<i>flucytosine oral</i>	Tier 2	
<i>fosamprenavir calcium</i>	Tier 2	QL (120 per 30 days)
<i>fosfomycin tromethamine</i>	Tier 2	
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier 2	QL (60 per 30 days)
<i>ganciclovir sodium intravenous solution reconstituted</i>	Tier 2	B/D PA
<i>gentamicin sulfate injection</i>	Tier 2	
GENVOYA	Tier 2	QL (30 per 30 days)
<i>griseofulvin microsize oral suspension</i>	Tier 2	
<i>griseofulvin ultramicrosize</i>	Tier 2	
HARVONI	Tier 2	PA; QL (28 per 28 days)
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	Tier 1	MO
<i>imipenem-cilastatin</i>	Tier 2	
INTELENCE ORAL TABLET 25 MG	Tier 2	QL (480 per 30 days)
ISENTRESS HD	Tier 2	QL (60 per 30 days)
ISENTRESS ORAL PACKET	Tier 2	QL (180 per 30 days)
ISENTRESS ORAL TABLET	Tier 2	QL (120 per 30 days)
ISENTRESS ORAL TABLET CHEWABLE 100 MG	Tier 2	QL (180 per 30 days)
ISENTRESS ORAL TABLET CHEWABLE 25 MG	Tier 2	QL (720 per 30 days)
<i>isoniazid oral</i>	Tier 2	MO
<i>itraconazole oral capsule</i>	Tier 2	PA
<i>ivermectin oral</i>	Tier 2	PA
JULUCA	Tier 2	QL (30 per 30 days)
<i>ketoconazole oral</i>	Tier 2	
LAGEVRIO	Tier 2	QL (40 per 90 days)
<i>lamivudine oral solution</i>	Tier 2	QL (960 per 30 days)
<i>lamivudine oral tablet 100 mg</i>	Tier 2	
<i>lamivudine oral tablet 150 mg</i>	Tier 2	QL (60 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
lamivudine oral tablet 300 mg	Tier 2	QL (30 per 30 days)
lamivudine-zidovudine	Tier 2	QL (60 per 30 days)
levofloxacin in d5w	Tier 2	
levofloxacin intravenous	Tier 2	
levofloxacin oral tablet	Tier 2	
LEXIVA ORAL SUSPENSION	Tier 2	QL (1800 per 30 days)
linezolid in sodium chloride	Tier 2	
linezolid intravenous solution 600 mg/300ml	Tier 2	
linezolid oral suspension reconstituted	Tier 2	PA; QL (1800 per 30 days)
linezolid oral tablet	Tier 2	PA; QL (56 per 28 days)
lopinavir-ritonavir oral solution	Tier 2	QL (480 per 30 days)
lopinavir-ritonavir oral tablet 100-25 mg	Tier 2	QL (300 per 30 days)
lopinavir-ritonavir oral tablet 200-50 mg	Tier 2	QL (120 per 30 days)
maraviroc	Tier 2	QL (120 per 30 days)
mefloquine hcl	Tier 2	MO
meropenem intravenous solution reconstituted 1 gm, 500 mg	Tier 2	
methenamine hippurate	Tier 2	
metronidazole intravenous solution 500 mg/100ml	Tier 2	
metronidazole oral	Tier 2	
micafungin sodium	Tier 2	
minocycline hcl oral	Tier 2	
MONDOXYNE NL ORAL CAPSULE 100 MG	Tier 2	
moxifloxacin hcl in nacl	Tier 2	
moxifloxacin hcl oral	Tier 2	
nafcillin sodium injection solution reconstituted 1 gm, 2 gm	Tier 2	
nafcillin sodium intravenous solution reconstituted 10 gm	Tier 2	
neomycin sulfate oral	Tier 2	

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	Tier 2	QL (30 per 30 days)
<i>nevirapine oral suspension</i>	Tier 2	QL (1200 per 30 days)
<i>nevirapine oral tablet</i>	Tier 2	QL (60 per 30 days)
<i>nitazoxanide oral</i>	Tier 2	QL (6 per 30 days)
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	Tier 2	
<i>nitrofurantoin monohyd macro</i>	Tier 2	
<i>NORVIR ORAL PACKET</i>	Tier 2	QL (360 per 30 days)
<i>NOXAFIL ORAL SUSPENSION</i>	Tier 2	PA; MO
<i>nystatin oral tablet</i>	Tier 2	
<i>ODEFSEY</i>	Tier 2	QL (30 per 30 days)
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	Tier 2	
<i>oseltamivir phosphate oral capsule 30 mg</i>	Tier 2	QL (168 per 365 days)
<i>oseltamivir phosphate oral capsule 45 mg, 75 mg</i>	Tier 2	QL (84 per 365 days)
<i>oseltamivir phosphate oral suspension reconstituted</i>	Tier 2	QL (1080 per 365 days)
<i>oxacillin sodium injection solution reconstituted 1 gm, 2 gm</i>	Tier 2	
<i>oxacillin sodium intravenous</i>	Tier 2	
<i>paromomycin sulfate oral</i>	Tier 2	
<i>PAXLOVID (150/100)</i>	Tier 2	QL (20 per 90 days)
<i>PAXLOVID (300/100)</i>	Tier 2	QL (30 per 90 days)
<i>penicillin g pot in dextrose</i>	Tier 2	
<i>penicillin g potassium</i>	Tier 2	
<i>penicillin g procaine</i>	Tier 2	
<i>penicillin g sodium</i>	Tier 2	
<i>penicillin v potassium</i>	Tier 2	
<i>pentamidine isethionate inhalation</i>	Tier 2	B/D PA
<i>pentamidine isethionate injection</i>	Tier 2	

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
PFIZERPEN	Tier 2	
PIFELTRO	Tier 2	QL (30 per 30 days)
<i>piperacillin sod-tazobactam</i>	Tier 2	
<i>posaconazole oral</i>	Tier 2	PA; MO
<i>praziquantel oral</i>	Tier 2	
PREVYMIS ORAL	Tier 2	QL (30 per 30 days)
PREZCOBIX	Tier 2	QL (30 per 30 days)
PREZISTA ORAL SUSPENSION	Tier 2	QL (400 per 30 days)
PREZISTA ORAL TABLET 150 MG	Tier 2	QL (180 per 30 days)
PREZISTA ORAL TABLET 75 MG	Tier 2	QL (300 per 30 days)
PRIFTIN	Tier 2	
<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>	Tier 2	
<i>pyrazinamide oral</i>	Tier 2	
<i>pyrimethamine oral</i>	Tier 2	
<i>quinine sulfate oral</i>	Tier 2	PA
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	Tier 2	QL (60 per 180 days)
RETROVIR INTRAVENOUS	Tier 2	
REYATAZ ORAL PACKET	Tier 2	QL (240 per 30 days)
<i>ribavirin oral capsule</i>	Tier 2	
<i>ribavirin oral tablet 200 mg</i>	Tier 2	
<i>rifabutin</i>	Tier 2	
<i>rifampin intravenous</i>	Tier 2	
<i>rifampin oral</i>	Tier 2	
<i>rimantadine hcl</i>	Tier 2	
<i>ritonavir</i>	Tier 2	QL (360 per 30 days)
RUKOBIA	Tier 2	QL (60 per 30 days); MO
SELZENTRY ORAL SOLUTION	Tier 2	QL (1840 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
SELZENTRY ORAL TABLET 25 MG	Tier 2	QL (240 per 30 days)
SELZENTRY ORAL TABLET 75 MG	Tier 2	QL (60 per 30 days)
SIRTURO	Tier 2	PA; LA
<i>sofosbuvir-velpatasvir</i>	Tier 2	PA; QL (30 per 30 days)
<i>streptomycin sulfate intramuscular</i>	Tier 2	
STRIBILD	Tier 2	QL (30 per 30 days)
<i>sulfadiazine oral</i>	Tier 2	
<i>sulfamethoxazole-trimethoprim intravenous</i>	Tier 2	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	Tier 2	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	Tier 2	
SUNLENCA ORAL	Tier 2	LA
SUNLENCA SUBCUTANEOUS	Tier 2	QL (3 per 168 days); MO
SYMTUZA	Tier 2	QL (30 per 30 days)
TAZICEF INJECTION SOLUTION RECONSTITUTED 1 GM	Tier 2	
TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED 2 GM, 6 GM	Tier 2	
TEFLARO	Tier 2	
<i>tenofovir disoproxil fumarate</i>	Tier 2	QL (30 per 30 days)
<i>terbinafine hcl oral</i>	Tier 2	
<i>tetracycline hcl oral capsule</i>	Tier 2	
<i>tigecycline</i>	Tier 2	
TIVICAY ORAL TABLET 10 MG	Tier 2	QL (120 per 30 days)
TIVICAY ORAL TABLET 25 MG, 50 MG	Tier 2	QL (60 per 30 days)
TIVICAY PD	Tier 2	QL (360 per 30 days)
<i>tobramycin sulfate injection</i>	Tier 2	
TRECATOR	Tier 2	
<i>trifluridine ophthalmic</i>	Tier 2	
<i>trimethoprim oral</i>	Tier 2	

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
TRIUMEQ	Tier 2	QL (30 per 30 days)
TRIUMEQ PD	Tier 2	QL (180 per 30 days)
TRIZIVIR	Tier 2	QL (60 per 30 days)
TROGARZO	Tier 2	PA; QL (23.94 per 28 days); LA
TYBOST	Tier 2	QL (30 per 30 days)
<i>valacyclovir hcl oral tablet 1 gm</i>	Tier 2	QL (90 per 30 days)
<i>valacyclovir hcl oral tablet 500 mg</i>	Tier 2	QL (60 per 30 days)
<i>valganciclovir hcl oral tablet</i>	Tier 2	
<i>vancomycin hcl in dextrose intravenous solution 1-5 gm/200ml-%, 500-5 mg/100ml-%, 750-5 mg/150ml-%</i>	Tier 2	
<i>vancomycin hcl in nacl intravenous solution 1-0.9 gm/200ml-%, 500-0.9 mg/100ml-%, 750-0.9 mg/150ml-%</i>	Tier 2	
<i>vancomycin hcl intravenous solution 1000 mg/200ml, 1250 mg/250ml, 1500 mg/300ml, 1750 mg/350ml, 2000 mg/400ml, 500 mg/100ml, 750 mg/150ml</i>	Tier 2	
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 1.25 gm, 1.5 gm, 10 gm, 5 gm, 500 mg, 750 mg</i>	Tier 2	
<i>vancomycin hcl oral capsule</i>	Tier 2	PA; QL (240 per 30 days)
VEMLIDY	Tier 2	PA; QL (30 per 30 days)
VIRACEPT ORAL TABLET 250 MG	Tier 2	QL (300 per 30 days)
VIRACEPT ORAL TABLET 625 MG	Tier 2	QL (120 per 30 days)
VIREAD ORAL POWDER	Tier 2	QL (240 per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	Tier 2	QL (30 per 30 days)
<i>voriconazole intravenous</i>	Tier 2	PA
<i>voriconazole oral suspension reconstituted</i>	Tier 2	PA; QL (300 per 30 days)
<i>voriconazole oral tablet 200 mg</i>	Tier 2	PA; QL (60 per 30 days)
<i>voriconazole oral tablet 50 mg</i>	Tier 2	PA; QL (120 per 30 days)
VOSEVI	Tier 2	PA; QL (30 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
XIFAXAN ORAL TABLET 550 MG	Tier 2	PA; QL (84 per 28 days); MO
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	Tier 2	
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	Tier 2	
<i>zidovudine oral capsule</i>	Tier 2	QL (180 per 30 days)
<i>zidovudine oral syrup</i>	Tier 2	QL (1920 per 30 days)
<i>zidovudine oral tablet</i>	Tier 2	QL (60 per 30 days)
ZIRGAN	Tier 2	
MISCELLANEOUS THERAPEUTIC AGENTS		
<i>12 hour nasal decongestant solution 0.05 % nasal</i>	Tier 4	[*]
<i>12 hour nasal decongestant tablet extended release 12 hour 120 mg oral</i>	Tier 4	[*]
<i>12hr allergy & congestion tablet extended release 12 hour 60-120 mg oral</i>	Tier 4	[*]
<i>1st tier unilet comfortouch</i>	Tier 4	[*]
ACCU-CHEK AVIVA PLUS STRIP IN VITRO	Tier 4	[*]
ACCU-CHEK FASTCLIX LANCET KIT	Tier 4	[*]
ACCU-CHEK FASTCLIX LANCETS	Tier 4	[*]
ACCU-CHEK GUIDE STRIP IN VITRO	Tier 4	[*]
ACCU-CHEK SAFE-T PRO LANCETS	Tier 4	[*]
ACCU-CHEK SMARTVIEW STRIP IN VITRO	Tier 4	[*]
ACCU-CHEK SOFTCLIX LANCET DEV KIT	Tier 4	[*]
ACCU-CHEK SOFTCLIX LANCETS	Tier 4	[*]
ACCUTREND GLUCOSE STRIP IN VITRO	Tier 4	[*]
ACE AEROSOL CLOUD ENHANCER	Tier 3	[*]
<i>acetaminophen suppository 120 mg rectal</i>	Tier 4	[*]
<i>acetaminophen suppository 650 mg rectal</i>	Tier 4	[*]
<i>acetaminophen tablet 325 mg oral</i>	Tier 4	[*]
<i>acetylcysteine intravenous</i>	Tier 2	

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
<i>acti-lance 28g</i>	Tier 4	[*]
<i>acti-lance lite lancets 28g</i>	Tier 4	[*]
<i>acti-lance special lancets 17g</i>	Tier 4	[*]
<i>acti-lance universal 23g</i>	Tier 4	[*]
<i>adult mask large</i>	Tier 3	[*]
ADVOCATE LANCETS	Tier 4	[*]
ADVOCATE LANCETS 30G	Tier 4	[*]
ADVOCATE LANCING DEVICE	Tier 4	[*]
ADVOCATE RAPID-SAFE LANCING	Tier 4	[*]
ADVOCATE REDI-CODE STRIP IN VITRO	Tier 4	[*]
ADVOCATE REDI-CODE+ TEST STRIP IN VITRO	Tier 4	[*]
ADVOCATE SAFETY LANCETS	Tier 4	[*]
ADVOCATE SAFETY LANCETS 26G	Tier 4	[*]
ADVOCATE TEST STRIP IN VITRO	Tier 4	[*]
AEROCHAMBER MINI CHAMBER DEVICE	Tier 3	[*]
AEROCHAMBER MV	Tier 3	[*]
AEROCHAMBER PLUS FLO-VU	Tier 3	[*]
AEROCHAMBER PLUS FLO-VU LARGE	Tier 3	[*]
AEROCHAMBER PLUS FLO-VU MEDIUM	Tier 3	[*]
AEROCHAMBER PLUS FLO-VU SMALL	Tier 3	[*]
AEROCHAMBER PLUS FLO-VU W/MASK	Tier 3	[*]
AEROCHAMBER PLUS FLOW VU	Tier 3	[*]
AEROCHAMBER Z-STAT PLUS	Tier 3	[*]
AEROCHAMBER Z-STAT PLUS CHAMBR	Tier 3	[*]
AEROCHAMBER Z-STAT PLUS/LARGE	Tier 3	[*]
AEROCHAMBER Z-STAT PLUS/MEDIUM	Tier 3	[*]
AEROCHAMBER Z-STAT PLUS/SMALL	Tier 3	[*]
AEROTRACH PLUS	Tier 3	[*]
AEROVENT PLUS DEVICE	Tier 3	[*]

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
AGAMATRIX AMP TEST STRIP IN VITRO	Tier 4	[*]
AGAMATRIX JAZZ TEST STRIP IN VITRO	Tier 4	[*]
AGAMATRIX PRESTO TEST STRIP IN VITRO	Tier 4	[*]
AGAMATRIX ULTRA-THIN LANCETS	Tier 4	[*]
ALAHIST CF TABLET 10-2-20 MG ORAL	Tier 4	[*]
<i>alahist dm liquid 7.5-2-15 mg/5ml oral</i>	Tier 4	[*]
<i>alahist pe tablet 2-7.5 mg oral</i>	Tier 4	[*]
ALCOHOL SWABS	Tier 1	MO
<i>all day pain relief tablet 220 mg oral</i>	Tier 4	[*]
<i>all day relief tablet 220 mg oral</i>	Tier 4	[*]
<i>all-nite cold & flu nighttime liquid 30-12.5-650 mg/30ml oral</i>	Tier 4	[*]
<i>allergy multi-symptom tablet 2-5-325 mg oral</i>	Tier 4	[*]
<i>allergy relief d tablet extended release 12 hour 5-120 mg oral</i>	Tier 4	[*]
<i>allergy relief d-12 tablet extended release 12 hour 5-120 mg oral</i>	Tier 4	[*]
<i>allergy relief d-24 tablet extended release 24 hour 10-240 mg oral</i>	Tier 4	[*]
<i>antifungal powder 2 % external</i>	Tier 4	[*]
<i>antihistamine & nasal deconges tablet extended release 12 hour 60-120 mg oral</i>	Tier 4	[*]
AQUALANCE LANCETS 30G	Tier 4	[*]
<i>arthritis pain reliever gel 1 % external</i>	Tier 4	[*]
ASSURE 4 TEST STRIP IN VITRO	Tier 4	[*]
<i>assure comfort lancets 28g</i>	Tier 4	[*]
ASSURE HAEMOLANCE PLUS HIGH	Tier 4	[*]
ASSURE HAEMOLANCE PLUS LOW	Tier 4	[*]
ASSURE HAEMOLANCE PLUS MICRO	Tier 4	[*]
ASSURE HAEMOLANCE PLUS NORMAL	Tier 4	[*]

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
ASSURE HAEMOLANCE PLUS PED	Tier 4	[*]
ASSURE LANCE LANCETS	Tier 4	[*]
ASSURE LANCE LANCETS 21G	Tier 4	[*]
ASSURE LANCE PLUS SAFETY 25G	Tier 4	[*]
ASSURE LANCE PLUS SAFETY 30G	Tier 4	[*]
ASSURE LANCE SAFETY LANCET 28G	Tier 4	[*]
ASSURE PLATINUM STRIP IN VITRO	Tier 4	[*]
ASSURE PRISM MULTI TEST STRIP IN VITRO	Tier 4	[*]
AUTO-LANCET MINI	Tier 4	[*]
AUTOLET LANCING DEVICE	Tier 4	[*]
AUTOLET PLUS	Tier 4	[*]
BD LANCET ULTRAFINE 30G	Tier 4	[*]
BD LANCET ULTRAFINE 33G	Tier 4	[*]
BD MICROTAINER LANCETS	Tier 4	[*]
<i>benzonatate capsule 100 mg oral</i>	Tier 3	[*]
<i>benzonatate capsule 150 mg oral</i>	Tier 3	[*]
<i>benzonatate capsule 200 mg oral</i>	Tier 3	[*]
<i>blood glucose test strip in vitro</i>	Tier 4	[*]
<i>blood glucose test strips 333 strip in vitro</i>	Tier 4	[*]
BLULINK GLUCOSE TEST STRIP IN VITRO	Tier 4	[*]
BREATHERITE VALVED MDI CHAMBER DEVICE	Tier 3	[*]
<i>careone advanced lancing dev</i>	Tier 4	[*]
CAREONE BLOOD GLUCOSE TEST STRIP IN VITRO	Tier 4	[*]
CAREONE LANCET SUPER THIN 30G	Tier 4	[*]
CARESENS N GLUCOSE TEST STRIP IN VITRO	Tier 4	[*]
CARETOUCH LANCING/EJECTOR	Tier 4	[*]
CARETOUCH SAFETY LANCETS	Tier 4	[*]
CARETOUCH SAFETY LANCETS 26G	Tier 4	[*]
CARETOUCH TEST STRIP IN VITRO	Tier 4	[*]

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
CARETOUCH TWIST LANCETS 28G	Tier 4	[*]
CARETOUCH TWIST LANCETS 30G	Tier 4	[*]
CARETOUCH TWIST LANCETS 33G	Tier 4	[*]
CARETOUCH TWIST MC LANCETS 30G	Tier 4	[*]
<i>cetirizine-pseudoephedrine er tablet extended release 12 hour 5-120 mg oral</i>	Tier 4	[*]
<i>chest congestion relief dm syrup 10-100 mg/5ml oral</i>	Tier 4	[*]
<i>chest congestion relief dm tablet 20-400 mg oral</i>	Tier 4	[*]
<i>chest congestion relief liquid 100 mg/5ml oral</i>	Tier 4	[*]
<i>chest congestion relief pe tablet 10-400 mg oral</i>	Tier 4	[*]
<i>chest congestion relief tablet 400 mg oral</i>	Tier 4	[*]
<i>childrens ibuprofen suspension 100 mg/5ml oral</i>	Tier 4	[*]
CHLO TUSS LIQUID 30-1-12.5 MG/5ML ORAL	Tier 4	[*]
CLEVER CHEK AUTO-CODE TEST STRIP IN VITRO	Tier 4	[*]
CLEVER CHEK AUTO-CODE VOICE STRIP IN VITRO	Tier 4	[*]
CLEVER CHEK LANCETS	Tier 4	[*]
CLEVER CHEK TEST STRIP IN VITRO	Tier 4	[*]
CLEVER CHOICE AUTO-CODE TEST STRIP IN VITRO	Tier 4	[*]
CLEVER CHOICE HOLDING CHAMBER DEVICE (RX)	Tier 3	[*]
CLEVER CHOICE LANCETS 23G	Tier 4	[*]
CLEVER CHOICE LANCETS 28G	Tier 4	[*]
CLEVER CHOICE MICRO TEST STRIP IN VITRO	Tier 4	[*]
CLEVER CHOICE NO CODING STRIP IN VITRO	Tier 4	[*]
CLEVER CHOICE TALK SYSTEM STRIP IN VITRO	Tier 4	[*]
COAGUCHEK LANCETS	Tier 4	[*]
<i>cold & allergy childrens liquid 2-5 mg/10ml oral</i>	Tier 4	[*]
<i>cold & cough childrens liquid 2.5-1-5 mg/5ml oral</i>	Tier 4	[*]
<i>cold & flu nighttime relief capsule 15-6.25-325 mg oral</i>	Tier 4	[*]

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
cold & flu relief daytime capsule 10-5-325 mg oral	Tier 4	[*]
cold & flu relief nighttime capsule 15-6.25-325 mg oral	Tier 4	[*]
cold/flu daytime relief capsule 10-5-325 mg oral	Tier 4	[*]
COLEMAN BOTANICALS INSECT REP LIQUID EXTERNAL	Tier 4	[*]
COLEMAN INSECT REPEL HIGH&DRY AEROSOL 25 % EXTERNAL	Tier 4	[*]
COLEMAN SKINSMART INSECT REPEL AEROSOL EXTERNAL	Tier 4	[*]
COLEMAN SKINSMART INSECT REPEL LIQUID EXTERNAL	Tier 4	[*]
comfort assured lancets 28g	Tier 4	[*]
comfort assured lancets 33g	Tier 4	[*]
comfort lancets	Tier 4	[*]
COMPACT SPACE CHAMBER DEVICE	Tier 3	[*]
COMPACT SPACE CHAMBER/LG MASK DEVICE	Tier 3	[*]
COMPACT SPACE CHAMBER/MED MASK DEVICE	Tier 3	[*]
COMPACT SPACE CHAMBER/SM MASK DEVICE	Tier 3	[*]
CONTOUR NEXT TEST STRIP IN VITRO	Tier 4	[*]
CONTOUR TEST STRIP IN VITRO	Tier 4	[*]
COOL BLOOD GLUCOSE TEST STRIPS STRIP IN VITRO	Tier 4	[*]
cough & cold hbp tablet 4-30 mg oral	Tier 4	[*]
cough dm childrens suspension extended release 30 mg/5ml oral	Tier 4	[*]
cough dm suspension extended release 30 mg/5ml oral	Tier 4	[*]
cromolyn sodium aerosol solution 5.2 mg/act nasal	Tier 4	[*]
CUTTER BACKWOODS AEROSOL EXTERNAL	Tier 4	[*]
CUTTER BACKWOODS DRY AEROSOL EXTERNAL	Tier 4	[*]

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
CUTTER BACKWOODS LIQUID EXTERNAL	Tier 4	[*]
CUTTER LEMON EUCALYPTUS LIQUID EXTERNAL	Tier 4	[*]
CVS ADVANCED GLUCOSE TEST STRIP IN VITRO	Tier 4	[*]
<i>cvs glucose meter test strips strip in vitro</i>	Tier 4	[*]
<i>cvs lancets micro thin 33g</i>	Tier 4	[*]
<i>cvs lancets thin 26g</i>	Tier 4	[*]
<i>cvs lancets ultra thin 30g</i>	Tier 4	[*]
<i>cvs lancets ultra-thin 30g</i>	Tier 4	[*]
<i>cvs lancing device</i>	Tier 4	[*]
<i>daytime cold & flu relief liquid 10-5-325 mg/15ml oral</i>	Tier 4	[*]
<i>deconex dmx tablet 10-17.5-400 mg oral</i>	Tier 4	[*]
DECONEX IR TABLET 10-385 MG ORAL	Tier 4	[*]
<i>deep sea nasal spray solution 0.65 % nasal</i>	Tier 4	[*]
<i>dextromethorphan hbr capsule 15 mg oral</i>	Tier 4	[*]
<i>dextromethorphan polistirex er suspension extended release 30 mg/5ml oral</i>	Tier 4	[*]
<i>diatru plus test strip in vitro</i>	Tier 4	[*]
DIMAPHEN DM COLD/COUGH LIQUID 2.5-1-5 MG/ 5ML ORAL	Tier 4	[*]
<i>doxylamine-phenylephrine tablet 7.5-10 mg oral</i>	Tier 4	[*]
DROPLET GENTEEL LANCING DEVICE	Tier 4	[*]
DROPLET LANCETS ULTRA THIN 30G	Tier 4	[*]
DROPLET LANCING DEVICE	Tier 4	[*]
DROPLET PERSONAL LANCETS 30G	Tier 4	[*]
DRUG MART LANCING DEVICE	Tier 4	[*]
DRUG MART ON-THE-GO LANCET 30G	Tier 4	[*]
DRUG MART UNILET LANCETS 28G	Tier 4	[*]

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
DRUG MART UNILET LANCETS 30G	Tier 4	[*]
DRUG MART UNILET LANCETS 33G	Tier 4	[*]
DURAFLU TABLET 60-20-200-325 MG ORAL	Tier 4	[*]
E-Z JECT LANCET MICRO-THIN 33G	Tier 4	[*]
E-Z JECT LANCET SUPER THIN 30G	Tier 4	[*]
E-Z JECT LANCETS	Tier 4	[*]
E-Z JECT LANCETS 21G	Tier 4	[*]
E-Z JECT LANCETS THIN 26G	Tier 4	[*]
EASIVENT	Tier 3	[*]
EASIVENT MASK LARGE	Tier 3	[*]
EASIVENT MASK MEDIUM	Tier 3	[*]
EASIVENT MASK SMALL	Tier 3	[*]
<i>easy comfort lancets</i>	Tier 4	[*]
<i>easy comfort lancets twist top</i>	Tier 4	[*]
<i>easy mini eject lancing device</i>	Tier 4	[*]
<i>easy plus ii glucose test strip in vitro</i>	Tier 4	[*]
EASY STEP TEST STRIP IN VITRO	Tier 4	[*]
<i>easy talk blood glucose test strip in vitro</i>	Tier 4	[*]
<i>easy talk plus ii test strips strip in vitro</i>	Tier 4	[*]
EASY TOUCH LANCETS 21G	Tier 4	[*]
EASY TOUCH LANCETS 23G	Tier 4	[*]
EASY TOUCH LANCETS 26G	Tier 4	[*]
EASY TOUCH LANCETS 28G	Tier 4	[*]
EASY TOUCH LANCETS 28G/TWIST	Tier 4	[*]
EASY TOUCH LANCETS 30G	Tier 4	[*]
EASY TOUCH LANCETS 30G/TWIST	Tier 4	[*]
EASY TOUCH LANCETS 32G	Tier 4	[*]
EASY TOUCH LANCETS 32G/TWIST	Tier 4	[*]
EASY TOUCH LANCETS 33G/TWIST	Tier 4	[*]

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
EASY TOUCH LANCING DEVICE	Tier 4	[*]
EASY TOUCH SAFETY LANCETS 21G	Tier 4	[*]
EASY TOUCH SAFETY LANCETS 23G	Tier 4	[*]
EASY TOUCH SAFETY LANCETS 26G	Tier 4	[*]
EASY TOUCH SAFETY LANCETS 28G	Tier 4	[*]
EASY TOUCH TEST STRIP IN VITRO	Tier 4	[*]
<i>easy trak blood glucose test strip in vitro</i>	Tier 4	[*]
<i>easy trak ii glucose test strip in vitro</i>	Tier 4	[*]
EASYGLUCO STRIP IN VITRO	Tier 4	[*]
EASymax 15 TEST STRIP IN VITRO	Tier 4	[*]
EASymax TEST STRIP IN VITRO	Tier 4	[*]
<i>ed a-hist dm tablet 10-4-10 mg oral</i>	Tier 4	[*]
ED A-HIST LIQUID 4-10 MG/5ML ORAL (OTC)	Tier 4	[*]
ED A-HIST TABLET 4-10 MG ORAL	Tier 4	[*]
<i>ed bron gp liquid 5-100 mg/5ml oral</i>	Tier 4	[*]
<i>ed-a-hist dm liquid 10-4-15 mg/5ml oral (otc)</i>	Tier 4	[*]
<i>ed-apap liquid 160 mg/5ml oral</i>	Tier 4	[*]
<i>element compact test strip in vitro</i>	Tier 4	[*]
ELEMENT TEST STRIP IN VITRO	Tier 4	[*]
EMBRACE BLOOD GLUCOSE TEST STRIP IN VITRO	Tier 4	[*]
EMBRACE EVO BLOOD GLUCOSE TEST STRIP IN VITRO	Tier 4	[*]
EMBRACE LANCETS ULTRA THIN 30G	Tier 4	[*]
<i>embrace lancing device/ejector</i>	Tier 4	[*]
EMBRACE PRESSURE ACTIVATED 21G	Tier 4	[*]
EMBRACE PRESSURE ACTIVATED 28G	Tier 4	[*]
EMBRACE PRO GLUCOSE TEST STRIP IN VITRO	Tier 4	[*]
EMBRACE TALK GLUCOSE TEST STRIP IN VITRO	Tier 4	[*]
ENDACOF-DM LIQUID 2.5-1-5 MG/5ML ORAL	Tier 4	[*]

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
ENLYTE CAPSULE ORAL	Tier 3	[*]
<i>eq blood glucose test strip in vitro</i>	Tier 4	[*]
<i>eq space chamber anti-static device</i>	Tier 3	[*]
<i>eql color lancets micro 33g</i>	Tier 4	[*]
EVOLUTION AUTOCODE STRIP IN VITRO	Tier 4	[*]
EZ-LETS LANCETS 26G	Tier 4	[*]
<i>fexofenadine-pseudoephed er tablet extended release 12 hour 60-120 mg oral (otc)</i>	Tier 4	[*]
FIFTY50 GLUCOSE TEST 2.0 STRIP IN VITRO	Tier 4	[*]
FIFTY50 SAFETY SEAL LANCETS	Tier 4	[*]
FIFTY50 UNILET LANCETS 33G	Tier 4	[*]
FINE 30	Tier 4	[*]
FINGERSTIX LANCETS	Tier 4	[*]
FLEXICHAMBER ADULT MASK/SMALL	Tier 3	[*]
FLEXICHAMBER CHILD MASK/LARGE	Tier 3	[*]
FLEXICHAMBER CHILD MASK/SMALL	Tier 3	[*]
FLEXICHAMBER DEVICE	Tier 3	[*]
<i>flu hbp tablet 10-325-2 mg oral</i>	Tier 4	[*]
FORA 6 CONNECT STRIP IN VITRO	Tier 4	[*]
FORA BLOOD GLUCOSE TEST STRIP IN VITRO	Tier 4	[*]
FORA D15G BLOOD GLUCOSE TEST STRIP IN VITRO	Tier 4	[*]
FORA D20 BLOOD GLUCOSE TEST STRIP IN VITRO	Tier 4	[*]
FORA D40/G31 BLOOD GLUCOSE STRIP IN VITRO	Tier 4	[*]
FORA G20 BLOOD GLUCOSE TEST STRIP IN VITRO	Tier 4	[*]
FORA G30/PREM V10 GLUCOSE TEST STRIP IN VITRO	Tier 4	[*]
FORA GD20 TEST STRIP IN VITRO	Tier 4	[*]
FORA GD50 BLOOD GLUCOSE TEST STRIP IN VITRO	Tier 4	[*]
FORA GTEL BLOOD GLUCOSE TEST STRIP IN VITRO	Tier 4	[*]

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
FORA LANCETS	Tier 4	[*]
FORA LANCING DEVICE	Tier 4	[*]
FORA TN'G ADVANCE PRO STRIP IN VITRO	Tier 4	[*]
FORA TN'G/TN'G VOICE STRIP IN VITRO	Tier 4	[*]
FORA V10 BLOOD GLUCOSE TEST STRIP IN VITRO	Tier 4	[*]
FORA V12 BLOOD GLUCOSE TEST STRIP IN VITRO	Tier 4	[*]
FORA V20 BLOOD GLUCOSE TEST STRIP IN VITRO	Tier 4	[*]
FORA V30A BLOOD GLUCOSE TEST STRIP IN VITRO	Tier 4	[*]
FORACARE GD40 TEST STRIP IN VITRO	Tier 4	[*]
FORACARE PREMIUM V10 TEST STRIP IN VITRO	Tier 4	[*]
FORACARE TEST N GO TEST STRIP IN VITRO	Tier 4	[*]
FORTISCARE G1 TEST STRIP STRIP IN VITRO	Tier 4	[*]
FORTISCARE TEST STRIP IN VITRO	Tier 4	[*]
<i>freds pharmacy autolet lancing</i>	Tier 4	[*]
<i>freds pharmacy unilet lanc 28g</i>	Tier 4	[*]
<i>freds pharmacy unilet lanc 30g</i>	Tier 4	[*]
FREESTYLE INSULINX TEST STRIP IN VITRO	Tier 4	[*]
FREESTYLE LANCETS	Tier 4	[*]
FREESTYLE LITE TEST STRIP IN VITRO	Tier 4	[*]
FREESTYLE PRECISION NEO TEST STRIP IN VITRO	Tier 4	[*]
FREESTYLE TEST STRIP IN VITRO	Tier 4	[*]
FREESTYLE UNISTICK II LANCETS	Tier 4	[*]
GAUZE STERILE PADS 2	Tier 1	MO
<i>ge100 blood glucose test strip in vitro</i>	Tier 4	[*]
GENTEEL BUTTERFLY TOUCH LANCET	Tier 4	[*]
<i>ght test strip in vitro</i>	Tier 4	[*]
<i>global inject ease lancets 28g</i>	Tier 4	[*]
<i>global inject ease lancets 30g</i>	Tier 4	[*]
<i>global lancing device</i>	Tier 4	[*]

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
GLUCOCARD 01 SENSOR PLUS STRIP IN VITRO	Tier 4	[*]
GLUCOCARD EXPRESSION TEST STRIP IN VITRO	Tier 4	[*]
GLUCOCARD SHINE TEST STRIP IN VITRO	Tier 4	[*]
GLUCOCARD VITAL TEST STRIP IN VITRO	Tier 4	[*]
GLUCOCOM LANCETS 28G	Tier 4	[*]
GLUCOCOM LANCETS 30G	Tier 4	[*]
GLUCOCOM LANCETS 33G	Tier 4	[*]
GLUCOCOM TEST STRIP IN VITRO	Tier 4	[*]
GLUCONAVII BLOOD GLUCOSE TEST STRIP IN VITRO	Tier 4	[*]
<i>glucose meter test strip in vitro</i>	Tier 4	[*]
<i>gnp easy touch glucose test strip in vitro</i>	Tier 4	[*]
<i>gnp ibuprofen tablet 200 mg oral</i>	Tier 4	[*]
<i>gnp lancets 21g</i>	Tier 4	[*]
<i>gnp lancets thin 26g</i>	Tier 4	[*]
GNP LANCING SYSTEM DEVICE	Tier 4	[*]
<i>gnp sterile lancets 33g</i>	Tier 4	[*]
GNP TRUE METRIX GLUCOSE STRIPS STRIP IN VITRO	Tier 4	[*]
GNP TRUETRACK TEST STRIPS STRIP IN VITRO	Tier 4	[*]
GOJJI BLOOD GLUCOSE TEST STRIP IN VITRO	Tier 4	[*]
GOJJI LANCING DEVICE/CLEAR CAP	Tier 4	[*]
GOJJI STERILE LANCETS	Tier 4	[*]
<i>goodsense blood glucose strip in vitro</i>	Tier 4	[*]
<i>goodsense color lancets 33g</i>	Tier 4	[*]
<i>goodsense ibuprofen childrens suspension 100 mg/5ml oral</i>	Tier 4	[*]
<i>goodsense ibuprofen infants suspension 50 mg/1.25ml oral</i>	Tier 4	[*]
<i>goodsense ibuprofen tablet 200 mg oral</i>	Tier 4	[*]
<i>goodsense lancets 26g univ</i>	Tier 4	[*]

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
goodsense lancets 30g	Tier 4	[*]
goodsense lancets 30g univ	Tier 4	[*]
goodsense lancets 33g	Tier 4	[*]
goodsense lancets 33g univ	Tier 4	[*]
guaifenesin-codeine solution 100-10 mg/5ml oral (otc)	Tier 4	[*]
h-e-b incontrol adv lancing	Tier 4	[*]
h-e-b incontrol lancets 28g	Tier 4	[*]
h-e-b incontrol lancets 30g	Tier 4	[*]
h-e-b incontrol lancets 33g	Tier 4	[*]
head congestion/mucus tablet 5-325-200 mg oral	Tier 4	[*]
HEALTH CARE LANCING DEVICE	Tier 4	[*]
healthy accents lancing device	Tier 4	[*]
healthy accents unilet lancets	Tier 4	[*]
HISTEX-DM SYRUP 10-2.5-20 MG/5ML ORAL	Tier 4	[*]
HW EMBRACE PRO GLUCOSE TEST STRIP IN VITRO	Tier 4	[*]
HW EMBRACE TALK GLUCOSE TEST STRIP IN VITRO	Tier 4	[*]
hydrocod poli-chlorphe poli er suspension extended release 10-8 mg/5ml oral	Tier 3	[*]
hydrocodone bit-homatrop mbr solution 5-1.5 mg/ 5ml oral	Tier 3	[*]
hydrocodone bit-homatrop mbr tablet 5-1.5 mg oral	Tier 3	[*]
hydromet solution 5-1.5 mg/5ml oral	Tier 3	[*]
HYPOLANCE AST LANCING KIT	Tier 4	[*]
ibuprofen capsule 200 mg oral	Tier 4	[*]
ibuprofen childrens suspension 100 mg/5ml oral	Tier 4	[*]
ibuprofen junior strength tablet chewable 100 mg oral	Tier 4	[*]
ibuprofen tablet 200 mg oral	Tier 4	[*]

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
IGLUCOSE TEST STRIPS STRIP IN VITRO	Tier 4	[*]
<i>infants ibuprofen suspension 50 mg/1.25ml oral</i>	Tier 4	[*]
INFINITY BLOOD GLUCOSE TEST STRIP IN VITRO	Tier 4	[*]
INFINITY VOICE STRIP IN VITRO	Tier 4	[*]
INSPIRACHAMBER/LARGE DEVICE	Tier 3	[*]
INSPIRACHAMBER/MEDIUM DEVICE	Tier 3	[*]
INSPIRACHAMBER/MOUTHPIECE DEVICE	Tier 3	[*]
INSPIRACHAMBER/SMALL DEVICE	Tier 3	[*]
INSULIN PEN NEEDLE	Tier 1	QL (200 per 30 days); MO
INSULIN SYRINGE	Tier 1	QL (200 per 30 days); MO
IOSAT TABLET 130 MG ORAL	Tier 4	[*]
IOSAT TABLET 65 MG ORAL	Tier 4	[*]
KOSELUGO	Tier 2	PA
KROGER AUTOLET LANCING DEVICE	Tier 4	[*]
<i>kroger blood glucose test strip in vitro</i>	Tier 4	[*]
KROGER HEALTHPRO GLUCOSE TEST STRIP IN VITRO	Tier 4	[*]
KROGER HEALTHPRO LANCET 26G	Tier 4	[*]
<i>kroger lancets 21g</i>	Tier 4	[*]
<i>kroger lancets micro thin 33g</i>	Tier 4	[*]
<i>kroger lancets thin 26g</i>	Tier 4	[*]
<i>kroger lancets ultrathin 30g</i>	Tier 4	[*]
<i>kroger lancing device</i>	Tier 4	[*]
<i>kroger premium glucose test strip in vitro</i>	Tier 4	[*]
<i>lactated ringers irrigation</i>	Tier 2	
<i>lancet device with ejector</i>	Tier 4	[*]
<i>lancets</i>	Tier 4	[*]
<i>lancets 30g</i>	Tier 4	[*]
<i>lancets micro thin 33g</i>	Tier 4	[*]

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
<i>lancets super thin 28g</i>	Tier 4	[*]
<i>lancets thin</i>	Tier 4	[*]
LANCETS ULTRA THIN	Tier 4	[*]
<i>lancets ultra thin 30g</i>	Tier 4	[*]
<i>lancing device</i>	Tier 4	[*]
<i>leader advanced lancing device</i>	Tier 4	[*]
<i>lite touch lancets</i>	Tier 4	[*]
LITE TOUCH LANCING PEN	Tier 4	[*]
LITETOUCH LANCETS	Tier 4	[*]
LITETOUCH MASK LARGE	Tier 3	[*]
LITETOUCH MASK MEDIUM	Tier 3	[*]
LITETOUCH MASK SMALL	Tier 3	[*]
<i>live better adv lancing device</i>	Tier 4	[*]
<i>live better lancet ultra thin</i>	Tier 4	[*]
LOHIST-D LIQUID 2-30 MG/5ML ORAL	Tier 4	[*]
<i>lohist-dm syrup 5-2-10 mg/5ml oral</i>	Tier 4	[*]
<i>longs lancets thin</i>	Tier 4	[*]
<i>longs lancets ultra thin</i>	Tier 4	[*]
<i>loratadine-d 12hr tablet extended release 12 hour 5-120 mg oral</i>	Tier 4	[*]
<i>loratadine-d 24hr tablet extended release 24 hour 10-240 mg oral</i>	Tier 4	[*]
<i>m-end dmx liquid 20-0.667-10 mg/5ml oral</i>	Tier 4	[*]
<i>m-pap liquid 160 mg/5ml oral</i>	Tier 4	[*]
<i>mapap arthritis pain tablet extended release 650 mg oral</i>	Tier 4	[*]
<i>mapap capsule 500 mg oral</i>	Tier 4	[*]
MAPAP CHILDRENS TABLET CHEWABLE 80 MG ORAL	Tier 4	[*]
MAPAP COLD FORMULA MULTI-SYMPT TABLET 10-5-325 MG ORAL	Tier 4	[*]

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
MEDLANCE LITE 25G	Tier 4	[*]
MEDLANCE PLUS EXTRA 21G	Tier 4	[*]
MEDLANCE PLUS LANCETS	Tier 4	[*]
MEDLANCE PLUS LITE 25G	Tier 4	[*]
MEDLANCE PLUS SPECIAL 0.8MM	Tier 4	[*]
MEDLANCE PLUS SUPERLITE 30G	Tier 4	[*]
MEDLANCE PLUS UNIVERSAL 21G	Tier 4	[*]
MEDLANCE UNIVERSAL 21G	Tier 4	[*]
<i>meijer blood glucose test strip in vitro</i>	Tier 4	[*]
MEIJER LANCETS THIN	Tier 4	[*]
MEIJER LANCETS UNIVERSAL 33G	Tier 4	[*]
MEIJER SUPER THIN LANCETS	Tier 4	[*]
MICROCHAMBER	Tier 3	[*]
MICROCHAMBER DEVICE	Tier 3	[*]
MICRODOT TEST STRIP IN VITRO	Tier 4	[*]
MICROLET LANCETS	Tier 4	[*]
MICROLET NEXT LANCING DEVICE	Tier 4	[*]
MICROSPACER	Tier 3	[*]
<i>mini lancing device</i>	Tier 4	[*]
MM EASY TOUCH GLUCOSE STRIP IN VITRO	Tier 4	[*]
MM LANCING DEVICE	Tier 4	[*]
MM TWIST LANCETS	Tier 4	[*]
MONOLET LANCETS	Tier 4	[*]
<i>mucus & chest congestion liquid 100 mg/5ml oral</i>	Tier 4	[*]
<i>mucus relief childrens liquid 2.5-5-100 mg/5ml oral</i>	Tier 4	[*]
<i>mucus relief d tablet extended release 12 hour 60-600 mg oral</i>	Tier 4	[*]
<i>mucus relief dm cough tablet 20-400 mg oral</i>	Tier 4	[*]

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
mucus relief dm liquid 20-400 mg/20ml oral	Tier 4	[*]
mucus relief dm max liquid 20-400 mg/20ml oral	Tier 4	[*]
mucus relief dm max tablet extended release 12 hour 60-1200 mg oral	Tier 4	[*]
mucus relief dm tablet extended release 12 hour 30-600 mg oral	Tier 4	[*]
mucus relief er tablet extended release 12 hour 600 mg oral	Tier 4	[*]
mucus relief max st tablet extended release 12 hour 1200 mg oral	Tier 4	[*]
mucus relief pe sinus tablet 10-400 mg oral	Tier 4	[*]
mucus relief tablet extended release 12 hour 600 mg oral	Tier 4	[*]
multi symptom flu/severe cold packet 20-10-500 mg oral	Tier 4	[*]
MULTI-LANCET DEVICE 2 KIT	Tier 4	[*]
MYGLUCOHEALTH LANCETS 30G	Tier 4	[*]
MYGLUCOHEALTH TEST STRIP IN VITRO	Tier 4	[*]
nasal decongestant pe tablet 10 mg oral	Tier 4	[*]
nasal decongestant spray solution 0.05 % nasal	Tier 4	[*]
nasal decongestant tablet 30 mg oral	Tier 4	[*]
nasal relief solution 0.05 % nasal	Tier 4	[*]
nasal spray no drip solution 0.05 % nasal	Tier 4	[*]
NASOPEN PE LIQUID 50-10 MG/15ML ORAL	Tier 4	[*]
NATRAPEL 12-HOUR TICK/INSECT AEROSOL 20 % EXTERNAL	Tier 4	[*]
neomycin-polymyxin b gu	Tier 2	
NEUTEK 2TEK TEST STRIP IN VITRO	Tier 4	[*]
nighttime cold/flu relief liquid 15-6.25-325 mg/ 15ml oral	Tier 4	[*]
nighttime cough liquid 12.5-30 mg/30ml oral	Tier 4	[*]

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
NINJACOF LIQUID 12.5-12.5 MG/5ML ORAL	Tier 4	[*]
<i>nohist-dm liquid 10-4-15 mg/5ml oral (otc)</i>	Tier 4	[*]
<i>nohist-lq liquid 4-10 mg/5ml oral</i>	Tier 4	[*]
NOVA MAX GLUCOSE TEST STRIP IN VITRO	Tier 4	[*]
NOVA SAFETY LANCETS 23G	Tier 4	[*]
NOVA SAFETY LANCETS 28G	Tier 4	[*]
NOVA SUREFLEX LANCETS	Tier 4	[*]
NOVA SUREFLEX LANCING DEVICE	Tier 4	[*]
OFF DEEP WOODS AEROSOL EXTERNAL	Tier 4	[*]
OFF DEEP WOODS DRY AEROSOL EXTERNAL	Tier 4	[*]
OFF DEEP WOODS LIQUID EXTERNAL	Tier 4	[*]
OFF DEEP WOODS SPORTSMEN AEROSOL 30 % EXTERNAL	Tier 4	[*]
OFF DEEP WOODS SPORTSMEN LIQUID EXTERNAL	Tier 4	[*]
ON CALL EXPRESS BLOOD GLUCOSE STRIP IN VITRO	Tier 4	[*]
<i>one-way valved expiratory mouthpiece</i>	Tier 4	[*]
<i>one-way valved inspiratory mouthpiece</i>	Tier 4	[*]
ONETOUCH DELICA LANCETS 33G	Tier 4	[*]
ONETOUCH DELICA PLUS LANCET30G	Tier 4	[*]
ONETOUCH DELICA PLUS LANCET33G	Tier 4	[*]
ONETOUCH DELICA PLUS LANCING	Tier 4	[*]
ONETOUCH DELICA SAFETY LANCING	Tier 4	[*]
ONETOUCH SURESOFT LANCING DEV	Tier 4	[*]
ONETOUCH ULTRA STRIP IN VITRO	Tier 4	[*]
ONETOUCH ULTRASOFT LANCETS	Tier 4	[*]
ONETOUCH VERIO STRIP IN VITRO	Tier 4	[*]
OPTICHAMBER DIAMOND	Tier 3	[*]
OPTICHAMBER DIAMOND-LG MASK DEVICE	Tier 3	[*]

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
OPTICHAMBER DIAMOND-MD MASK	Tier 3	[*]
OPTICHAMBER DIAMOND-SM MASK	Tier 3	[*]
OPTIUMEZ TEST STRIP IN VITRO	Tier 4	[*]
PANDA MASK LARGE	Tier 4	[*]
PANDA MASK MEDIUM	Tier 4	[*]
PANDA MASK SMALL	Tier 4	[*]
PARI VORTEX ADULT MASK	Tier 4	[*]
<i>pc lancets super thin 30g</i>	Tier 4	[*]
PEDIACLEAR 8 CHILDRENS LIQUID 12.5 MG/15ML ORAL	Tier 4	[*]
<i>pediatric medium mask</i>	Tier 4	[*]
PEDIATRIC PANDA MASK	Tier 4	[*]
<i>pediatric small mask</i>	Tier 4	[*]
<i>petrolatum ointment 42 % external</i>	Tier 4	[*]
PHARMACIST CHOICE AUTOCODE STRIP IN VITRO	Tier 4	[*]
PHARMACIST CHOICE LANCETS	Tier 4	[*]
<i>pharmacist choice no coding strip in vitro</i>	Tier 4	[*]
<i>phenylephrine hcl tablet 10 mg oral</i>	Tier 4	[*]
<i>phenylephrine-dm-gg liquid 10-18-200 mg/15ml oral</i>	Tier 4	[*]
<i>phenylephrine-dm-gg tablet 10-17.5-385 mg oral</i>	Tier 4	[*]
PIP BLOOD GLUCOSE TEST STRIP STRIP IN VITRO	Tier 4	[*]
<i>pip lancets 28g</i>	Tier 4	[*]
<i>pip lancets 30g</i>	Tier 4	[*]
POCKET CHAMBER DEVICE	Tier 3	[*]
POLY HIST FORTE TABLET 10.5-10 MG ORAL	Tier 4	[*]
<i>poly-hist dm liquid 5-25-10 mg/5ml oral</i>	Tier 4	[*]
POLY-VENT DM TABLET 60-20-380 MG ORAL	Tier 4	[*]
POLY-VENT IR TABLET 60-380 MG ORAL	Tier 4	[*]

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
<i>polytussin dm liquid 7.5-2-15 mg/5ml oral</i>	Tier 4	[*]
PRECISION XTRA BLOOD GLUCOSE STRIP IN VITRO	Tier 4	[*]
<i>preferred plus lancets thin</i>	Tier 4	[*]
<i>premium blood glucose test strip in vitro</i>	Tier 4	[*]
<i>pro comfort lancets 30g</i>	Tier 4	[*]
<i>pro comfort lancets 31g</i>	Tier 4	[*]
<i>pro voice v8/v9 glucose strip in vitro</i>	Tier 4	[*]
PRODIGY LANCETS 28G	Tier 4	[*]
PRODIGY LANCING DEVICE	Tier 4	[*]
PRODIGY NO CODING BLOOD GLUC STRIP IN VITRO	Tier 4	[*]
PRODIGY SAFETY LANCETS 26G	Tier 4	[*]
PRODIGY TWIST TOP LANCETS 28G	Tier 4	[*]
<i>promethazine-codeine solution 6.25-10 mg/5ml oral</i>	Tier 3	[*]
<i>promethazine-dm syrup 6.25-15 mg/5ml oral</i>	Tier 3	[*]
<i>pse-dexchlorphen-chlophedianol liquid 30-1-12.5 mg/5ml oral</i>	Tier 4	[*]
<i>pseudoeph-bromphen-dm syrup 30-2-10 mg/5ml oral (rx)</i>	Tier 3	[*]
<i>pseudoephedrine hcl er tablet extended release 12 hour 120 mg oral</i>	Tier 4	[*]
<i>pseudoephedrine hcl tablet 30 mg oral (otc)</i>	Tier 4	[*]
<i>pseudoephedrine hcl tablet 60 mg oral (otc)</i>	Tier 4	[*]
<i>pseudoephedrine-guaifenesin er tablet extended release 12 hour 120-1200 mg oral</i>	Tier 4	[*]
<i>pseudoephedrine-guaifenesin er tablet extended release 12 hour 60-600 mg oral</i>	Tier 4	[*]
<i>pure comfort lancets 30g</i>	Tier 4	[*]
<i>px advanced lancing device</i>	Tier 4	[*]
<i>px lancets microthin 33g</i>	Tier 4	[*]
<i>px lancets ultra thin</i>	Tier 4	[*]

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
<i>px lancets ultra thin 28g</i>	Tier 4	[*]
<i>qc advanced lancing device</i>	Tier 4	[*]
<i>qc lancets super thin 30g</i>	Tier 4	[*]
<i>qc naproxen sodium tablet 220 mg oral</i>	Tier 4	[*]
<i>qc unilet lancets 28g</i>	Tier 4	[*]
<i>qc unilet lancets micro thin</i>	Tier 4	[*]
QUINTET AC BLOOD GLUCOSE TEST STRIP IN VITRO	Tier 4	[*]
QUINTET BLOOD GLUCOSE TEST STRIP IN VITRO	Tier 4	[*]
RA E-ZJECT LANCETS 28G	Tier 4	[*]
RA E-ZJECT LANCETS THIN 26G	Tier 4	[*]
RA E-ZJECT LANCETS THIN 28G	Tier 4	[*]
RA E-ZJECT LANCETS ULTRA THIN	Tier 4	[*]
READYLANCE SAFETY LANCETS	Tier 4	[*]
REFUAH PLUS BLOOD GLUCOSE TEST STRIP IN VITRO	Tier 4	[*]
RELION BLOOD GLUCOSE TEST STRIP IN VITRO	Tier 4	[*]
RELION CONFIRM/MICRO TEST STRIP IN VITRO	Tier 4	[*]
RELION LANCET DEVICES 30G	Tier 4	[*]
RELION LANCETS MICRO-THIN 33G	Tier 4	[*]
RELION LANCETS THIN 26G	Tier 4	[*]
RELION LANCETS ULTRA-THIN 30G	Tier 4	[*]
RELION LANCING DEVICE	Tier 4	[*]
RELION LANCING DEVICE KIT	Tier 4	[*]
RELION PREMIER TEST STRIP IN VITRO	Tier 4	[*]
RELION PRIME TEST STRIP IN VITRO	Tier 4	[*]
RELION TRUE METRIX TEST STRIPS STRIP IN VITRO	Tier 4	[*]
RELION ULTIMA TEST STRIP IN VITRO	Tier 4	[*]
RELION ULTRA THIN LANCETS 30G	Tier 4	[*]
RELION ULTRA THIN PLUS LANCETS	Tier 4	[*]

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
REPEL HUNTERS FORMULA AEROSOL EXTERNAL	Tier 4	[*]
REPEL LEMON EUCALYPTUS AEROSOL EXTERNAL	Tier 4	[*]
REPEL SPORTSMEN AEROSOL EXTERNAL	Tier 4	[*]
REPEL SPORTSMEN DRY AEROSOL EXTERNAL	Tier 4	[*]
REPEL SPORTSMEN MAX AEROSOL 40 % EXTERNAL	Tier 4	[*]
REXALL BLOOD GLUCOSE TEST STRIP IN VITRO	Tier 4	[*]
REXALL LANCETS ULTRA THIN 30G	Tier 4	[*]
RIGHTEST GD500 LANCING DEVICE	Tier 4	[*]
RIGHTEST GL300 LANCETS	Tier 4	[*]
RIGHTEST GS100 BLOOD GLUCOSE STRIP IN VITRO	Tier 4	[*]
RIGHTEST GS300 BLOOD GLUCOSE STRIP IN VITRO	Tier 4	[*]
RIGHTEST GS550 BLOOD GLUCOSE STRIP IN VITRO	Tier 4	[*]
RIGHTEST GT333 BLOOD GLUCOSE STRIP IN VITRO	Tier 4	[*]
RIGHTEST GT333 GLUCOSE TEST STRIP IN VITRO	Tier 4	[*]
<i>ringers irrigation</i>	Tier 2	
RITEFLO DEVICE	Tier 3	[*]
<i>robafen cf multi-symptom cold liquid 5-10-100 mg/5ml oral</i>	Tier 4	[*]
ROBAFEN MUCUS/CHEST CONGESTION LIQUID 200 MG/10ML ORAL	Tier 4	[*]
<i>ru-hist d tablet 4-10 mg oral</i>	Tier 4	[*]
<i>rymed tablet 2-10 mg oral</i>	Tier 4	[*]
<i>rynex dm liquid 2.5-1-5 mg/5ml oral</i>	Tier 4	[*]
<i>rynex pe elixir 1-2.5 mg/5ml oral</i>	Tier 4	[*]
<i>rynex pse liquid 1-15 mg/5ml oral</i>	Tier 4	[*]
S2 (RACEPINEPHRINE) NEBULIZATION SOLUTION 2.25 % INHALATION	Tier 4	[*]
<i>safety lancet 30g/pressure act</i>	Tier 4	[*]
SAFETY LANCETS	Tier 4	[*]
SAFETY LANCETS 21G	Tier 4	[*]

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
safety lancets 28g	Tier 4	[*]
saps health plus lancets	Tier 4	[*]
saps health twist top lancets	Tier 4	[*]
saps twist top lancets	Tier 4	[*]
SAWYER INSECT REPELLENT LIQUID 20 % EXTERNAL	Tier 4	[*]
severe cold & flu tablet 5-10-200-325 mg oral	Tier 4	[*]
severe cold/cough packet 25-10-650 mg oral	Tier 4	[*]
SHOPKO AUTOLET LANCING DEVICE	Tier 4	[*]
SHOPKO ON-THE-GO LANCETS 30G	Tier 4	[*]
SHOPKO UNILET LANCETS 28G	Tier 4	[*]
SHOPKO UNILET LANCETS 30G	Tier 4	[*]
SIDESTREAM PEDIATRIC FACE MASK (OTC)	Tier 4	[*]
SIDESTREAM PEDIATRIC FACE MASK (RX)	Tier 3	[*]
silicone mask/infant	Tier 3	[*]
silicone mask/pediatric	Tier 3	[*]
SIMPLE DIAGNOSTICS LANCING DEV	Tier 4	[*]
sinus + headache tablet 5-325 mg oral	Tier 4	[*]
sinus congestion/pain tablet 5-325 mg oral	Tier 4	[*]
sinus pressure + pain tablet 5-325 mg oral	Tier 4	[*]
sinus relief congestion-pain tablet 5-325-200 mg oral	Tier 4	[*]
sinus relief extra strength solution 1 % nasal	Tier 4	[*]
sm ibuprofen tablet 200 mg oral	Tier 4	[*]
sm lancets 33g	Tier 4	[*]
sm lorata-dine d tablet extended release 24 hour 10-240 mg oral	Tier 4	[*]
sm nasal spray 12 hour solution 0.05 % nasal	Tier 4	[*]
sm tussin cough/chest congest syrup 100-10 mg/ 5ml oral	Tier 4	[*]

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
SMART DIABETES VANTAGE LANCING	Tier 4	[*]
SMART SENSE COLOR LANCETS 33G	Tier 4	[*]
SMART SENSE PREMIUM TEST STRIP IN VITRO	Tier 4	[*]
SMART SENSE STANDARD LANCETS	Tier 4	[*]
SMART SENSE SUPER THIN LANCETS	Tier 4	[*]
SMART SENSE THIN LANCETS 26G	Tier 4	[*]
SMART SENSE VALUE TEST STRIP IN VITRO	Tier 4	[*]
SMARTTEST BLOOD GLUCOSE TEST STRIP IN VITRO	Tier 4	[*]
SMARTTEST LANCETS 28G	Tier 4	[*]
<i>sodium chloride irrigation solution 0.9 %</i>	Tier 2	
SOLUS V2 LANCETS 28G	Tier 4	[*]
SOLUS V2 LANCING DEVICE	Tier 4	[*]
SOLUS V2 TEST STRIP IN VITRO	Tier 4	[*]
SOLUS V2 TWIST LANCETS 30G	Tier 4	[*]
STERILANCE PA	Tier 4	[*]
STERILANCE TL	Tier 4	[*]
<i>sterile water for irrigation</i>	Tier 2	
<i>sudogest 12 hour tablet extended release 12 hour 120 mg oral</i>	Tier 4	[*]
SUDOGEST MAXIMUM STRENGTH TABLET 30 MG ORAL	Tier 4	[*]
SUDOGEST TABLET 30 MG ORAL	Tier 4	[*]
SUDOGEST TABLET 60 MG ORAL (OTC)	Tier 4	[*]
<i>sure comfort lancets 18g</i>	Tier 4	[*]
<i>sure comfort lancets 21g</i>	Tier 4	[*]
<i>sure comfort lancets 23g</i>	Tier 4	[*]
<i>sure comfort lancets 28g</i>	Tier 4	[*]
<i>sure comfort lancets 30g</i>	Tier 4	[*]
<i>sure comfort lancing pen</i>	Tier 4	[*]

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
SUSPENDOL-S LIQUID	Tier 4	[*]
SYNAGIS	Tier 2	PA
TECHLITE LANCETS	Tier 4	[*]
TECHLITE LANCETS 30G	Tier 4	[*]
<i>tgt blood glucose test strip in vitro</i>	Tier 4	[*]
<i>tgt lancet micro thin 33g</i>	Tier 4	[*]
<i>tgt lancet thin 26g</i>	Tier 4	[*]
<i>tgt lancet ultra thin 30g</i>	Tier 4	[*]
<i>tgt lancing device</i>	Tier 4	[*]
TIS-U-SOL	Tier 2	
<i>topcare lancets micro-thin 33g</i>	Tier 4	[*]
<i>travel lancets</i>	Tier 4	[*]
TRAVEL LANCETS ADVANCED 28G	Tier 4	[*]
<i>true comfort safety lancets</i>	Tier 4	[*]
<i>true comfort twist top lancets</i>	Tier 4	[*]
TRUE METRIX BLOOD GLUCOSE TEST STRIP IN VITRO	Tier 4	[*]
TRUE METRIX PRO BLOOD GLUCOSE STRIP IN VITRO	Tier 4	[*]
TRUEDRAW LANCING DEVICE	Tier 4	[*]
TRUEPLUS LANCETS 28G	Tier 4	[*]
TRUEPLUS LANCETS 30G	Tier 4	[*]
TRUEPLUS LANCETS 33G	Tier 4	[*]
TRUEPLUS SAFETY LANCETS 28G	Tier 4	[*]
TRUETEST TEST STRIP IN VITRO	Tier 4	[*]
TRUETRACK TEST STRIP IN VITRO	Tier 4	[*]
<i>tussin cf severe multi-symptom liquid 5-10-200-325 mg/10ml oral</i>	Tier 4	[*]
<i>tussin dm liquid 100-10 mg/5ml oral</i>	Tier 4	[*]
<i>tussin dm max adult liquid 5-100 mg/5ml oral</i>	Tier 4	[*]

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
tussin mucus+chest congestion liquid 100 mg/ 5ml oral	Tier 4	[*]
tussin multi-symptom cold cf liquid 5-10-100 mg/ 5ml oral	Tier 4	[*]
ULTI-LANCE AUTOMATIC	Tier 4	[*]
ULTILET CLASSIC LANCETS	Tier 4	[*]
ULTILET LANCETS	Tier 4	[*]
ULTILET SAFETY LANCETS 23G	Tier 4	[*]
ultra thin lancets 31g	Tier 4	[*]
ultra-care lancets 30g	Tier 4	[*]
ULTRA-THIN II LANCETS	Tier 4	[*]
ULTRATHON INSECT REPELLENT 8 AEROSOL 25 % EXTERNAL	Tier 4	[*]
UNILET COMFORTOUCH LANCET	Tier 4	[*]
UNILET EXCELITE	Tier 4	[*]
UNILET EXCELITE II	Tier 4	[*]
UNILET G.P. SUPERLITE LANCET	Tier 4	[*]
UNILET GP 28 ULTRA THIN	Tier 4	[*]
UNILET LANCET	Tier 4	[*]
UNILET MICRO-THIN 33G	Tier 4	[*]
UNILET SUPER-THIN 30G	Tier 4	[*]
UNILET ULTRA-THIN 28G	Tier 4	[*]
UNISTIK 2	Tier 4	[*]
UNISTIK 2 COMFORT	Tier 4	[*]
UNISTIK 2 EXTRA	Tier 4	[*]
UNISTIK 2 NORMAL	Tier 4	[*]
UNISTIK 2 SUPER	Tier 4	[*]
UNISTIK 3 COMFORT	Tier 4	[*]
UNISTIK 3 EXTRA	Tier 4	[*]
UNISTIK 3 GENTLE	Tier 4	[*]

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
UNISTIK 3 NEONATAL	Tier 4	[*]
UNISTIK 3 NORMAL	Tier 4	[*]
UNISTIK CZT COMFORT	Tier 4	[*]
UNISTIK CZT NORMAL	Tier 4	[*]
UNISTIK NORMAL	Tier 4	[*]
UNISTIK PRO SAFETY LANCET	Tier 4	[*]
UNISTIK SAFETY LANCETS 28G	Tier 4	[*]
UNISTIK SAFETY LANCETS 30G	Tier 4	[*]
UNISTIK TOUCH SAFETY LANC 21G	Tier 4	[*]
UNISTIK TOUCH SAFETY LANC 23G	Tier 4	[*]
UNISTIK TOUCH SAFETY LANC 28G	Tier 4	[*]
UNISTIK TOUCH SAFETY LANC 30G	Tier 4	[*]
UNISTRIP1 GENERIC STRIP IN VITRO	Tier 4	[*]
UNIVERSAL 1 LANCETS THIN 26G	Tier 4	[*]
UNIVERSAL 1 LANCETS ULTRA THIN	Tier 4	[*]
<i>value plus lancing device</i>	Tier 4	[*]
<i>valumark lancet super thin 30g</i>	Tier 4	[*]
<i>valumark lancet ultra thin 28g</i>	Tier 4	[*]
VANACOF DM LIQUID 10-18-200 MG/15ML ORAL	Tier 4	[*]
VANACOF DMX LIQUID 10-18-396 MG/15ML ORAL	Tier 4	[*]
VANACOF LIQUID 30-1-12.5 MG/5ML ORAL	Tier 4	[*]
VANATAB DM TABLET 5-9-198 MG ORAL	Tier 4	[*]
<i>vapor steam liquid 6.2 % inhalation</i>	Tier 4	[*]
VIDA MIA AUTOLET LANCING DEV	Tier 4	[*]
VIDA MIA UNILET LANCETS 28G	Tier 4	[*]
VIDA MIA UNILET LANCETS 30G	Tier 4	[*]
VIVAGUARD INO TEST STRIPS STRIP IN VITRO	Tier 4	[*]
VIVAGUARD LANCETS	Tier 4	[*]
VIVAGUARD LANCING DEVICE	Tier 4	[*]

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
VORTEX VALVED HOLDING CHAMBER DEVICE	Tier 3	[*]
walgreens adv travel lancets	Tier 4	[*]
walgreens lancets micro thin	Tier 4	[*]
walgreens lancets super thin	Tier 4	[*]
WALGREENS THIN LANCETS	Tier 4	[*]
WALGREENS ULTRA THIN LANCETS	Tier 4	[*]
westussin dm syrup 1-10-5 mg/5ml oral	Tier 4	[*]
zevrx twist top lancets 30g	Tier 4	[*]
OPHTHALMIC AGENTS		
acetazolamide er	Tier 2	MO
ak-poly-bac	Tier 2	
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	Tier 2	MO
apraclonidine hcl	Tier 2	
artificial tears solution 0.5-0.6 % ophthalmic	Tier 4	[*]
atropine sulfate ophthalmic ointment	Tier 2	MO
atropine sulfate ophthalmic solution 1 %	Tier 2	MO
azelastine hcl ophthalmic	Tier 2	
bacitra-neomycin-polymyxin-hc	Tier 2	
bacitracin ophthalmic	Tier 2	
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	Tier 2	
betaxolol hcl ophthalmic	Tier 2	MO
BETIMOL	Tier 2	MO
bimatoprost ophthalmic	Tier 2	MO
brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %	Tier 2	MO
brimonidine tartrate-timolol	Tier 1	MO
brinzolamide	Tier 2	MO
BROMSITE	Tier 2	

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
carteolol hcl	Tier 2	MO
ciprofloxacin hcl ophthalmic	Tier 2	
COMBIGAN	Tier 2	MO
cromolyn sodium ophthalmic	Tier 2	
cyclopentolate hcl ophthalmic solution 1 %	Tier 2	MO
CYSTARAN	Tier 2	LA
dexamethasone sodium phosphate ophthalmic	Tier 2	
diclofenac sodium ophthalmic	Tier 2	
dorzolamide hcl ophthalmic	Tier 2	MO
dorzolamide hcl-timolol mal	Tier 2	MO
dry eye relief drops solution 0.2-0.2-1 % ophthalmic	Tier 4	[*]
dry eye relief gel 0.4-0.3 % ophthalmic	Tier 4	[*]
dry eye relief gel 1 % ophthalmic	Tier 4	[*]
erythromycin ophthalmic	Tier 2	QL (3.5 per 30 days)
eye allergy itch relief solution 0.2 % ophthalmic	Tier 4	[*]
eye allergy itch/redness rel solution 0.1 % ophthalmic	Tier 4	[*]
eye drops advanced relief solution 0.05-0.1-1-1 % ophthalmic	Tier 4	[*]
eye drops solution 0.05 % ophthalmic	Tier 4	[*]
eye itch relief solution 0.035 % ophthalmic	Tier 4	[*]
eye wash solution ophthalmic	Tier 4	[*]
fluorometholone ophthalmic	Tier 2	
flurbiprofen sodium	Tier 2	
GENTAK OPHTHALMIC OINTMENT	Tier 2	
gentamicin sulfate ophthalmic solution	Tier 2	
ILEVRO	Tier 2	
ketorolac tromethamine ophthalmic	Tier 2	
ketotifen fumarate solution 0.035 % ophthalmic	Tier 4	[*]

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
LASTACRAFT SOLUTION 0.25 % OPHTHALMIC (OTC)	Tier 4	[*]
<i>latanoprost ophthalmic</i>	Tier 2	MO
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	Tier 2	MO
<i>lubricant eye drops (pf) solution 0.4-0.3 % ophthalmic</i>	Tier 4	[*]
<i>lubricant eye drops pf solution 0.5 % ophthalmic</i>	Tier 4	[*]
<i>lubricant eye drops solution 0.4-0.3 % ophthalmic</i>	Tier 4	[*]
<i>lubricant eye drops solution 0.5 % ophthalmic</i>	Tier 4	[*]
<i>lubricant eye drops solution 0.6 % ophthalmic</i>	Tier 4	[*]
<i>lubricant eye nighttime ointment ophthalmic</i>	Tier 4	[*]
<i>lubricating eye drops solution 0.4-0.3 % ophthalmic</i>	Tier 4	[*]
<i>lubricating plus eye drops solution 0.5 % ophthalmic</i>	Tier 4	[*]
<i>lubricating tears eye drops solution 0.1-0.3 % ophthalmic</i>	Tier 4	[*]
<i>lubrifresh p.m. ointment ophthalmic</i>	Tier 4	[*]
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	Tier 2	MO
<i>methazolamide oral</i>	Tier 2	MO
<i>moxifloxacin hcl ophthalmic solution</i>	Tier 2	
MURO 128 SOLUTION 2 % OPHTHALMIC	Tier 4	[*]
MURO 128 SOLUTION 5 % OPHTHALMIC	Tier 4	[*]
NATACYN	Tier 2	
NEO-POLYCIN	Tier 2	
NEO-POLYCIN HC	Tier 2	
<i>neomycin-bacitracin zn-polymyx</i>	Tier 2	
<i>neomycin-polymyxin-dexameth</i>	Tier 2	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-025</i>	Tier 2	
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	Tier 2	

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
<i>ofloxacin ophthalmic</i>	Tier 2	
<i>olopatadine hcl ophthalmic solution 0.1 %, 0.2 %</i>	Tier 2	
<i>olopatadine hcl solution 0.1 % ophthalmic (otc)</i>	Tier 4	[*]
<i>olopatadine hcl solution 0.2 % ophthalmic (otc)</i>	Tier 4	[*]
PATADAY SOLUTION 0.2 % OPHTHALMIC (OTC)	Tier 4	[*]
PATADAY SOLUTION 0.7 % OPHTHALMIC	Tier 4	[*]
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	Tier 2	MO
POLYCIN	Tier 2	
<i>polymyxin b-trimethoprim</i>	Tier 2	
<i>polyvinyl alcohol solution 1.4 % ophthalmic (otc)</i>	Tier 4	[*]
<i>prednisolone acetate ophthalmic</i>	Tier 2	
<i>prednisolone sodium phosphate ophthalmic</i>	Tier 2	
PROLENSA	Tier 2	
REDNESS RELIEF SOLUTION 0.012-0.25 % OPHTHALMIC	Tier 4	[*]
REFRESH CELLUVISC GEL 1 % OPHTHALMIC	Tier 4	[*]
REFRESH LACRI-LUBE OINTMENT OPHTHALMIC	Tier 4	[*]
REFRESH OPTIVE MEGA-3 SOLUTION 0.5-1-0.5 % OPHTHALMIC	Tier 4	[*]
REFRESH PLUS SOLUTION 0.5 % OPHTHALMIC	Tier 4	[*]
RESTASIS	Tier 2	QL (60 per 30 days); MO
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	Tier 2	QL (5.5 per 28 days); MO
RHOPRESSA	Tier 2	MO
ROCKLATAN	Tier 2	MO
SIMBRINZA	Tier 2	MO
<i>sodium chloride (hypertonic) ointment 5 % ophthalmic</i>	Tier 4	[*]
<i>sodium chloride (hypertonic) solution 5 % ophthalmic</i>	Tier 4	[*]

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
sulfacetamide sodium ophthalmic solution	Tier 2	
sulfacetamide-prednisolone ophthalmic solution	Tier 2	
timolol maleate (once-daily)	Tier 2	MO
timolol maleate ophthalmic	Tier 2	MO
tobramycin ophthalmic	Tier 2	
tobramycin-dexamethasone	Tier 2	
travoprost (bak free)	Tier 2	MO
ultra lubricating eye drops pf solution 0.4-0.3 % ophthalmic	Tier 4	[*]
ultra lubricating eye drops solution 0.4-0.3 % ophthalmic	Tier 4	[*]
VYZULTA	Tier 2	MO
XIIDRA	Tier 2	QL (60 per 30 days); MO
OTIC AGENTS		
acetic acid otic	Tier 2	
ciprofloxacin-dexamethasone	Tier 2	
CORTISPORIN-TC	Tier 2	
ear drops solution 6.5 % otic	Tier 4	[*]
earwax removal solution 6.5 % otic	Tier 4	[*]
FLAC	Tier 2	
fluocinolone acetonide otic	Tier 2	
hydrocortisone-acetic acid	Tier 2	
neomycin-polymyxin-hc otic	Tier 2	
ofloxacin otic	Tier 2	
RESPIRATORY TRACT/PULMONARY AGENTS		
12hr allergy relief tablet 60 mg oral	Tier 4	[*]
24hr allergy relief tablet 180 mg oral	Tier 4	[*]
acetylcysteine inhalation	Tier 1	B/D PA
ADEMPAS	Tier 2	PA; LA

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
ADVAIR HFA	Tier 2	QL (12 per 30 days); MO
ALA-HIST IR TABLET 2 MG ORAL	Tier 4	[*]
<i>albuterol sulfate hfa</i>	Tier 1	MO
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml</i>	Tier 1	B/D PA; QL (360 per 30 days); MO
<i>albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%, 2.5 mg/0.5ml</i>	Tier 1	B/D PA; QL (60 per 30 days); MO
<i>albuterol sulfate oral</i>	Tier 1	MO
<i>all day allergy childrens solution 5 mg/5ml oral</i>	Tier 4	[*]
<i>all day allergy tablet 10 mg oral</i>	Tier 4	[*]
<i>aller-chlor tablet 4 mg oral</i>	Tier 4	[*]
<i>allergy childrens liquid 12.5 mg/5ml oral</i>	Tier 4	[*]
<i>allergy childrens solution 5 mg/5ml oral</i>	Tier 4	[*]
<i>allergy rel child (loratadine) solution 5 mg/5ml oral</i>	Tier 4	[*]
<i>allergy relief (loratadine) tablet 10 mg oral</i>	Tier 4	[*]
<i>allergy relief capsule 25 mg oral</i>	Tier 4	[*]
<i>allergy relief childrens liquid 12.5 mg/5ml oral</i>	Tier 4	[*]
<i>allergy relief childrens solution 1 mg/ml oral</i>	Tier 4	[*]
<i>allergy relief suspension 50 mcg/act nasal</i>	Tier 4	[*]
<i>allergy relief tablet 10 mg oral</i>	Tier 4	[*]
<i>allergy relief tablet 180 mg oral</i>	Tier 4	[*]
<i>allergy relief tablet 25 mg oral</i>	Tier 4	[*]
<i>allergy relief tablet 4 mg oral</i>	Tier 4	[*]
<i>allergy relief tablet 5 mg oral</i>	Tier 4	[*]
<i>allergy relief tablet chewable 25 mg oral</i>	Tier 4	[*]
<i>allergy relief/indoor/outdoor tablet 10 mg oral</i>	Tier 4	[*]
<i>allergy tablet 4 mg oral</i>	Tier 4	[*]
<i>ambrisentan</i>	Tier 2	PA; QL (30 per 30 days); LA

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	Tier 2	QL (60 per 30 days); MO
ARNUITY ELLIPTA	Tier 2	QL (30 per 30 days); MO
ATROVENT HFA	Tier 2	QL (26 per 30 days); MO
<i>azelastine hcl nasal</i>	Tier 2	QL (30 per 25 days)
BANOPHEN CAPSULE 25 MG ORAL	Tier 4	[*]
BANOPHEN CAPSULE 50 MG ORAL	Tier 4	[*]
<i>bosentan</i>	Tier 2	PA; QL (60 per 30 days); LA
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH	Tier 2	QL (60 per 30 days); MO
BREYNA	Tier 2	QL (30.9 per 30 days); MO
BRONCHITOL	Tier 2	LA
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml</i>	Tier 2	B/D PA; QL (120 per 30 days); MO
<i>budesonide inhalation suspension 1 mg/2ml</i>	Tier 2	B/D PA; QL (60 per 30 days); MO
<i>budesonide suspension 32 mcg/act nasal (otc)</i>	Tier 4	[*]
<i>budesonide-formoterol fumarate</i>	Tier 2	QL (30.6 per 30 days); MO
<i>carbinoxamine maleate oral solution</i>	Tier 2	PA
CAYSTON	Tier 2	PA; LA
<i>cetirizine hcl allergy child solution 5 mg/5ml oral (otc)</i>	Tier 4	[*]
<i>cetirizine hcl childrens alrgy solution 1 mg/ml oral</i>	Tier 4	[*]
<i>cetirizine hcl tablet 10 mg oral</i>	Tier 4	[*]
<i>cetirizine hcl tablet 5 mg oral</i>	Tier 4	[*]
<i>cetirizine hcl tablet chewable 10 mg oral</i>	Tier 4	[*]
<i>cetirizine hcl tablet chewable 5 mg oral</i>	Tier 4	[*]
<i>childrens loratadine solution 5 mg/5ml oral</i>	Tier 4	[*]
<i>clemastine fumarate oral tablet 2.68 mg</i>	Tier 2	PA
COMBIVENT RESPIMAT	Tier 2	QL (8 per 30 days); MO

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
complete allergy medicine capsule 25 mg oral	Tier 4	[*]
cromolyn sodium inhalation	Tier 1	B/D PA; MO
ciproheptadine hcl oral tablet	Tier 2	
diphenhydramine hcl capsule 25 mg oral (otc)	Tier 4	[*]
diphenhydramine hcl capsule 50 mg oral (otc)	Tier 4	[*]
diphenhydramine hcl injection	Tier 2	
diphenhydramine hcl liquid 12.5 mg/5ml oral	Tier 4	[*]
diphenhydramine hcl tablet 25 mg oral	Tier 4	[*]
ed chlorped jr syrup 2 mg/5ml oral	Tier 4	[*]
epinephrine (anaphylaxis) injection solution 30 mg/30ml	Tier 2	
epinephrine injection solution 0.3 mg/0.3ml	Tier 1	
epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml	Tier 1	QL (2 per 28 days)
fexofenadine hcl tablet 180 mg oral (otc)	Tier 4	[*]
fexofenadine hcl tablet 60 mg oral (otc)	Tier 4	[*]
flunisolide nasal solution 25 mcg/act (0.025%)	Tier 2	QL (75 per 30 days)
fluticasone propionate diskus inhalation aerosol powder breath activated 100 mcg/act, 50 mcg/act	Tier 2	QL (60 per 30 days); MO
fluticasone propionate diskus inhalation aerosol powder breath activated 250 mcg/act	Tier 2	QL (240 per 30 days); MO
fluticasone propionate hfa inhalation aerosol 110 mcg/act	Tier 2	QL (12 per 30 days); MO
fluticasone propionate hfa inhalation aerosol 220 mcg/act	Tier 2	QL (24 per 30 days); MO
fluticasone propionate hfa inhalation aerosol 44 mcg/act	Tier 2	QL (11 per 30 days); MO
fluticasone propionate nasal suspension 50 mcg/act	Tier 2	QL (16 per 30 days)
fluticasone propionate suspension 50 mcg/act nasal (otc)	Tier 4	[*]

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	Tier 2	QL (60 per 30 days); MO
<i>gnp all day allergy tablet 10 mg oral</i>	Tier 4	[*]
<i>gnp loratadine solution 5 mg/5ml oral</i>	Tier 4	[*]
<i>gnp loratadine tablet 10 mg oral</i>	Tier 4	[*]
<i>HISTEX PD LIQUID 0.938 MG/ML ORAL</i>	Tier 4	[*]
<i>HISTEX SYRUP 2.5 MG/5ML ORAL</i>	Tier 4	[*]
<i>hydroxyzine hcl oral tablet</i>	Tier 2	
<i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i>	Tier 2	
<i>HYPERSAL NEBULIZATION SOLUTION 3.5 % INHALATION</i>	Tier 3	[*]
<i>ipratropium bromide inhalation</i>	Tier 1	B/D PA; MO
<i>ipratropium bromide nasal</i>	Tier 2	QL (30 per 30 days); MO
<i>ipratropium-albuterol</i>	Tier 2	B/D PA; QL (540 per 30 days); MO
<i>KALYDECO ORAL TABLET</i>	Tier 2	PA; QL (60 per 30 days)
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml</i>	Tier 1	B/D PA; QL (270 per 30 days); MO
<i>levalbuterol hcl inhalation nebulization solution 0.63 mg/3ml</i>	Tier 1	B/D PA; QL (540 per 30 days); MO
<i>levalbuterol tartrate</i>	Tier 1	QL (45 per 30 days); MO
<i>levocetirizine dihydrochloride oral tablet</i>	Tier 2	QL (30 per 30 days)
<i>loratadine childrens solution 5 mg/5ml oral</i>	Tier 4	[*]
<i>loratadine solution 5 mg/5ml oral</i>	Tier 4	[*]
<i>loratadine tablet 10 mg oral</i>	Tier 4	[*]
<i>montelukast sodium oral</i>	Tier 1	MO
<i>nasal allergy 24 hour aerosol 55 mcg/act nasal</i>	Tier 4	[*]
<i>NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR</i>	Tier 2	PA; QL (3 per 28 days); LA
<i>NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML</i>	Tier 2	PA; QL (3 per 28 days); LA

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	Tier 2	PA; QL (0.4 per 28 days); LA
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier 2	PA; QL (3 per 28 days); LA
OFEV	Tier 2	PA; QL (60 per 30 days)
OPSUMIT	Tier 2	PA; QL (30 per 30 days); LA
ORKAMBI ORAL TABLET	Tier 2	PA; QL (120 per 30 days)
PEDIACLEAR PD CHILDRENS LIQUID 0.625 MG/ML ORAL	Tier 4	[*]
<i>pirfenidone oral tablet 267 mg</i>	Tier 2	PA; QL (270 per 30 days)
<i>pirfenidone oral tablet 534 mg, 801 mg</i>	Tier 2	PA; QL (90 per 30 days)
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	Tier 2	B/D PA
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT	Tier 2	QL (11 per 30 days); MO
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 80 MCG/ACT	Tier 2	QL (22 per 30 days); MO
roflumilast	Tier 2	PA; QL (30 per 30 days); MO
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	Tier 2	QL (60 per 30 days); MO
<i>sildenafil citrate oral tablet 20 mg</i>	Tier 2	PA; QL (360 per 30 days)
<i>sm loratadine solution 5 mg/5ml oral</i>	Tier 4	[*]
<i>sodium chloride nebulization solution 0.9 % inhalation (rx)</i>	Tier 3	[*]
<i>sodium chloride nebulization solution 3 % inhalation</i>	Tier 3	[*]
<i>sodium chloride nebulization solution 7 % inhalation</i>	Tier 3	[*]
SPIRIVA HANDIHALER	Tier 2	QL (30 per 30 days); MO
SPIRIVA RESPIMAT	Tier 2	QL (4 per 30 days); MO
STIOLTO RESPIMAT	Tier 2	QL (4 per 30 days); MO
<i>terbutaline sulfate injection</i>	Tier 1	
<i>terbutaline sulfate oral</i>	Tier 1	MO

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

Name of drug	What the drug will cost you (Tier level)	Necessary actions, restrictions or limits on use
theophylline er oral tablet extended release 12 hour 300 mg, 450 mg	Tier 2	MO
theophylline er oral tablet extended release 24 hour	Tier 2	MO
tobramycin inhalation nebulization solution 300 mg/5ml	Tier 2	B/D PA; QL (280 per 28 days)
TRACLEER ORAL TABLET SOLUBLE	Tier 2	PA; QL (120 per 30 days); LA
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	Tier 2	QL (60 per 30 days); MO
triamcinolone acetonide aerosol 55 mcg/act nasal (otc)	Tier 4	[*]
triprolidine hcl liquid 0.938 mg/ml oral (otc)	Tier 4	[*]
UPTRAVI ORAL	Tier 2	PA; QL (60 per 30 days); LA
UPTRAVI TITRATION	Tier 2	PA; LA
VENTAVIS	Tier 2	PA; QL (270 per 30 days)
VENTOLIN HFA	Tier 2	MO
WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	Tier 2	QL (60 per 30 days); MO
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	Tier 2	PA; QL (8 per 28 days); LA
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	Tier 2	PA; QL (4 per 28 days); LA
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	Tier 2	PA; QL (8 per 28 days); LA
zafirlukast	Tier 1	MO

You can find information on what the symbols and abbreviations on this table mean by referring to the Legend on page number 12.

D. Index of Covered Drugs

1	ACCU-CHEK FASTCLIX	acyclovir
<i>12 hour nasal decongestant</i>	131	acyclovir sodium
<i>12hr allergy & congestion</i>	131	ADACEL
<i>12hr allergy relief</i>	162	adapalene
<i>1st tier unilet comfortouch</i>	131	adefovir dipivoxil
2	ACCU-CHEK	ADEMPAS
<i>24hr allergy relief</i>	162	ADRIAMYCIN
6	SMARTVIEW	adult aspirin regimen
<i>600+d3</i>	60	adult mask large
A	ACCU-CHEK SOFTCLIX	ADVAIR HFA
<i>a thru z advanced</i>	60	ADVANTAGE CARE
<i>a thru z select</i>	61	ELECTROLYTE PED
<i>a thru z select 50+</i>		ADVOCATE LANCETS
<i>advanced</i>	60	ADVOCATE LANCETS
<i>a thru z select advanced</i>	61	30G
<i>a thru z select ultimate women</i>	61	ADVOCATE LANCING
<i>a thru z ultimate mens</i>	61	DEVICE
<i>a&d</i>	53	ADVOCATE RAPID-SAFE
<i>a-10000</i>	61	LANCING
<i>abacavir sulfate</i>	120	ADVOCATE REDI-
<i>abacavir sulfate-lamivudine</i>	120	CODE
<i>ABANEU-SL</i>	61	ADVOCATE REDI-CODE+
<i>ABELCET</i>	120	TEST
<i>ABILITY ASIMTUFII</i>	36	ADVOCATE SAFETY
<i>ABILITY MAINTENA</i>	36	LANCETS
<i>abiraterone acetate</i>	15	ADVOCATE SAFETY
<i>ABRYSVO</i>	114	LANCETS 26G
<i>acamprosate calcium</i>	36	ADVOCATE TEST
<i>acarbose</i>	92	AEROCHAMBER MINI
<i>ACCRUFER</i>	61	CHAMBER
<i>ACCU-CHEK AVIVA PLUS</i>	131	AEROCHAMBER MV
<i>ACCU-CHEK FASTCLIX LANCET</i>	131	AEROCHAMBER PLUS FLO-VU
		AEROCHAMBER PLUS FLO-VU LARGE
		AEROCHAMBER PLUS FLO-VU MEDIUM
		AEROCHAMBER PLUS FLO-VU SMALL
		AEROCHAMBER PLUS FLO-VU W/MASK
	ACTIMMUNE	115

If you have questions, please call Wellpoint STAR+PLUS MMP at 1-833-232-1711 (TTY:711), 24 hours a day, 7 days a week. The call is free.
For more information, visit www.wellpoint.com/tx/mmp.

AEROCHAMBER PLUS FLOW
VU 132
AEROCHAMBER Z-STAT
PLUS 132
AEROCHAMBER Z-STAT
PLUS CHAMBR 132
AEROCHAMBER Z-STAT
PLUS/LARGE 132
AEROCHAMBER Z-STAT
PLUS/MEDIUM 132
AEROCHAMBER Z-STAT
PLUS/SMALL 132
AEROTRACH PLUS 132
AEROVENT PLUS 132
AFIRMELLE 107
AGAMATRIX AMP
TEST 133
AGAMATRIX JAZZ
TEST 133
AGAMATRIX PRESTO
TEST 133
AGAMATRIX ULTRA-THIN
LANCETS 133
AIMOVIG 36
ak-poly-bac 158
AKEEGA 16
ala-cort 54
ALA-HIST IR 163
ALAHIST CF 133
alahist dm 133
alahist pe 133
albendazole 120
albuterol sulfate 163
albuterol sulfate hfa 163
aclometasone
dipropionate 54
ALCOHOL SWABS 133
ALECENSA 16
alendronate sodium 92
alfuzosin hcl er 105
aliskiren fumarate 29
all day allergy 163
all day allergy
childrens 163

all day pain relief 133
all day relief 133
all-nite cold & flu
nighttime 133
aller-chlor 163
allergy 163
allergy childrens 163
allergy multi-
symptom 133
allergy rel child
(*loratadine*) 163
allergy relief 163
allergy relief
(*loratadine*) 163
allergy relief
childrens 163
allergy relief d 133
allergy relief d-12 133
allergy relief d-24 133
allergy
relief/indoor/outdoor 163
allopurinol 13
ALMACONE DOUBLE
STRENGTH 98
alosetron hcl 98
ALPHAGAN P 158
alprazolam 36
ALTAVERA 107
aluminum hydroxide
gel 98
ALUNBRIG 16
alyacen 1/35 107
alyacen 7/7/7 107
AMABELZ 107
amantadine hcl 36
ambrisentan 163
amcinonide 54
amikacin sulfate 120
amiloride hcl 29
amiloride-
hydrochlorothiazide 29
amiodarone hcl 29
amitriptyline hcl 36

amlodipine besy-benazepril
hcl 29
amlodipine besylate 29
amlodipine besylate-
valsartan 29
amlodipine-
olmesartan 29
amlodipine-valsartan-
hctz 29
ammonium lactate 54
AMNESTEEM 54
amoxapine 36
amoxicillin 120
amoxicillin-pot
clavulanate 120
amoxicillin-pot clavulanate
er 120
amphetamine-
dextroamphetamine 36
amphotericin b 120
amphotericin b
liposome 120
ampicillin 120
ampicillin sodium 120
ampicillin-sulbactam
sodium 120
anagrelide hcl 26
anastrozole 16
ANORO ELLIPTA 164
antacid 99
antacid calcium 98
antacid extra
strength 98
antacid maximum
strength 98
antacid regular
strength 98
antacid ultra strength 99
antacid/antigas 99
anti-diarrheal 99
antifungal 133
antifungal
clotrimazole 54

 If you have questions, please call Wellpoint STAR+PLUS MMP at 1-833-232-1711
(TTY:711), 24 hours a day, 7 days a week. The call is free.
For more information, visit www.wellpoint.com/tx/mmp.

antihistamine & nasal deconges	133	ASSURE LANCE	AVASTIN	16
antiseptic skin cleanser	54	LANCETS	AVIANE	107
APETEX	61	ASSURE LANCE LANCETS	AVONEX PEN	37
APETIGEN	61	21G	AVONEX PREFILLED	37
APETIGEN-PLUS	61	ASSURE LANCE PLUS	AYUNA	107
apomorphine hcl	36	SAFETY 25G	AYWAKIT	16
apraclonidine hcl	158	ASSURE LANCE PLUS	azacitidine	16
aprepitant	99	SAFETY 30G	azathioprine	115
APRI	107	ASSURE LANCE SAFETY	azelastine hcl	158
APTIOM	36	LANCET 28G	azithromycin	121
APTIVUS	121	ASSURE PLATINUM	aztreonam	121
AQUALANCE LANCETS		ASSURE PRISM MULTI	AZURETTE	107
30G	133	TEST	B	
aqueous vitamin d	92	ASTAGRAF XL	<i>b</i> complex	61
aqueous vitamin e	61	atazanavir sulfate	<i>b</i> complex (folic acid)	61
ARANELLE	107	atenolol	<i>b</i> complex formula 1 (lipotrop)	61
ARCALYST	115	atenolol-	<i>b</i> complex vitamins	61
AREXVY	115	chlorthalidone	<i>b</i> complex vitamins (w/ fa)	61
aripiprazole	36	athletes foot (clotrimazole)	<i>b</i> complex-c	61
ARNUTTY ELLIPTA	164	spray	<i>b</i> complex-folic acid	61
arthritis pain reliever	133	atomoxetine hcl	<i>b</i> -1	61
artificial tears	158	atorvastatin calcium	<i>b</i> -12	61
ascorbic acid	61	atovaquone	B-12 DOTS	61
asenapine maleate	37	atovaquone-proguanil hcl	<i>b</i> -12 tr	62
aspirin	37	atropine sulfate	<i>b</i> -2	62
aspirin low dose	37	ATROVENT HFA	<i>b</i> -6	62
aspirin-dipyridamole er	26	AUBAGIO	<i>b</i> -complex (folic acid)	62
ASSURE 4 TEST	133	AUBRA EQ	<i>b</i> -complex-c	62
assure comfort lancets 28g	133	AUGTYRO	<i>b</i> -complex/b-12	62
ASSURE HAEMOLANCE PLUS HIGH	133	AUROVELA 1.5/30	<i>b</i> 6 natural	62
ASSURE HAEMOLANCE PLUS LOW	133	AUROVELA 1/20	<i>bacitra-neomycin-</i> <i>polymyxin-hc</i>	158
ASSURE HAEMOLANCE PLUS MICRO	133	AUROVELA FE 1.5/30	<i>bacitracin</i>	54
ASSURE HAEMOLANCE PLUS NORMAL	133	AUROVELA FE 1/20	<i>bacitracin zinc</i>	54
ASSURE HAEMOLANCE PLUS PED	134	AURYXIA	<i>bacitracin zinc-aloe</i>	54
		AUSTEDO	<i>bacitracin-polymyxin</i> <i>b</i>	158
		AUTO-LANCET MINI	<i>baclofen</i>	37
		AUTOLET LANCING DEVICE	BACMIN	62
		AUTOLET PLUS	<i>balance b-100</i>	62
		AUVELITY	<i>balance b-50</i>	62
			<i>balsalazide disodium</i>	99

If you have questions, please call Wellpoint STAR+PLUS MMP at 1-833-232-1711 (TTY:711), 24 hours a day, 7 days a week. The call is free.
For more information, visit www.wellpoint.com/tx/mmp.

BALVERSA	16	BICILLIN C-R	121	brimonidine tartrate-
BALZIVA	107	BIKTARVY	121	timolol 158
BANOPHEN	164	bimatoprost	158	brinzolamide 158
BARACLUIDE	121	biocal	62	BRIVIACT 37
BAVENCIO	16	biopetit	62	bromocriptine
<i>bcg vaccine</i>	115	biotin	62	mesylate 37
BD LANCET ULTRAFINE 30G	134	biotin maximum strength	62	BROMSITE 158
BD LANCET ULTRAFINE 33G	134	bisacodyl	99	BRONCHITOL 164
BD MICROAINER LANCETS	134	bisacodyl ec	99	BRUKINSA 17
benazepril hcl	29	bismatrol	99	budesonide 99
benazepril- hydrochlorothiazide	29	bismuth subsalicylate	99	budesonide er 99
bendamustine hcl	16	bisoprolol fumarate	29	budesonide-formoterol
BENDEKA	16	bisoprolol- hydrochlorothiazide	29	fumarate 164
BENLYSTA	115	bleomycin sulfate	16	bumetanide 29
benzonataate	134	BLISOVI FE 1.5/30	107	buprenorphine hcl 38
benzoyl peroxide	54	BLISOVI FE 1/20	107	buprenorphine hcl- naloxone hcl 38
benzoyl peroxide wash	54	blood glucose test	134	bupropion hcl 38
benzoyl peroxide- erythromycin	54	blood glucose test strips	333	bupropion hcl er (smoking det) 38
benztropine mesylate	37	blue gel	55	bupropion hcl er (sr) 38
BESREMI	16	BLULINK GLUCOSE TEST	134	bupropion hcl er (xl) 38
beta carotene	62	BOOSTRIX	115	buspirone hcl 38
beta carotene provitamin a	62	bortezomib	16	butorphanol tartrate 13
betaine	104	bosentan	164	BYDUREON BCISE 92
betamethasone		BOSULIF	16	BYETTA 10 MCG PEN 92
dipropionate	55	BPROTECTED MULTI- VITE	62	BYETTA 5 MCG PEN 92
betamethasone		BPROTECTED PEDIA D- VITE	92	C
dipropionate aug	55	BPROTECTED PEDIA		c 1000 63
betamethasone valerate	55	IRON	62	c 1000-bioflavonoids-rose hips 63
BETASERON	37	BPROTECTED PEDIA TRI- VITE	63	c 500 63
betaxolol hcl	29	BRAFTOVI	17	c complex 63
bethanechol		BREATHERITE VALVED MDI		c-1000 63
chloride	105	CHAMBER	134	c-1000/rose hips 63
BETIMOL	158	BREO ELLIPTA	164	c-250 63
bexarotene	16	BREYNA	164	c-500 63
BEXZERO	115	briellyn	107	c-500/rose hips 63
bicalutamide	16	BRILINTA	26	c-chewable 63
		brimonidine tartrate	158	CABENUVA 121

If you have questions, please call Wellpoint STAR+PLUS MMP at 1-833-232-1711 (TTY:711), 24 hours a day, 7 days a week. The call is free.
For more information, visit www.wellpoint.com/tx/mmp.

cal-mag-zinc-d	63	calcium carbonate-vitamin d	65	CAPRELSA	17
calamine clear	55	calcium citrate	65	capsaicin	55
calamine plus	55	calcium citrate + d	65	carbamazepine	38
CALCIDOL	92	calcium citrate + d3	65	carbamazepine er	38
calcipotriene	55	calcium citrate + d3 maximum	65	carbidopa	39
calcitonin (salmon)	92	calcium citrate malate-vit d	65	carbidopa-levodopa	39
CALCITRENE	55	calcium citrate plus/magnesium	65	carbidopa-levodopa- entacapone	39
calcitriol	92	calcium citrate+ d3	65	carbinoxamine maleate	164
calcium + vitamin d3	63	calcium citrate-vitamin d	65	carboplatin	17
calcium 500 + d3	63	calcium for women	65	careone advanced lancing dev	134
calcium 500+d	63	calcium high potency	65	CAREONE BLOOD GLUCOSE TEST	134
calcium 500+d high potency	63	calcium high potency/vitamin d	65	CAREONE LANCET SUPER THIN 30G	134
calcium 500+d3	63	calcium oyster shell	65	CARESENS N GLUCOSE TEST	134
calcium 500/d	63	calcium plus vitamin d	65	CARETOUCH LANCING/EJECTOR	134
calcium 600	64	calcium plus vitamin d3	65	CARETOUCH SAFETY LANCETS	134
calcium 600 + d	63	calcium+magnesium	66	CARETOUCH SAFETY LANCETS 26G	134
calcium 600 +d high potency	63	calcium-magnesium- zinc	66	CARETOUCH TEST	134
calcium 600+d plus minerals	64	calcium-vitamin d3	66	CARETOUCH TWIST LANCETS 28G	135
calcium 600+d3	64	calcium/c/d	66	CARETOUCH TWIST LANCETS 30G	135
calcium 600+d3 plus minerals	64	caldyphen clear	55	CARETOUCH TWIST LANCETS 33G	135
calcium 600/vitamin d	64	CALQUENCE	17	CARETOUCH TWIST MC LANCETS 30G	135
calcium 600/vitamin d3	64	CALTRATE 600+D PLUS MINERALS	66	carglumic acid	66
calcium acetate (phos binder)	92	CALTRATE 600+D3	66	carisoprodol	39
calcium antacid	99	CALTRATE 600+D3 SOFT	66	carteolol hcl	159
calcium antacid extra strength	99	CAMILA	107	CARTIA XT	30
calcium carb- cholecalciferol	64	candesartan cilexetil	29	carvedilol	30
calcium carbonate	64	candesartan cilexetil- hctz	30	CAYSTON	164
calcium carbonate antacid	99	CAPEX	55	cefaclor	121
		CAPLYTA	38	cefaclor er	121

If you have questions, please call Wellpoint STAR+PLUS MMP at 1-833-232-1711 (TTY:711), 24 hours a day, 7 days a week. The call is free.
For more information, visit www.wellpoint.com/tx/mmp.

cefadroxil	121	cetirizine hcl	164	citalopram	
cefazolin sodium	121	cetirizine hcl allergy		hydrobromide	39
cefazolin sodium-dextrose	121	child	164	CITRACAL MAXIMUM	67
cefdinir	122	cetirizine hcl childrens		CLARAVIS	55
cefepime hcl	122	alrgy	164	clarithromycin	123
cefixime	122	cetirizine-pseudoephedrine		clarithromycin er	122
cefoxitin sodium	122	er	135	CLEARLAX	99
cefpodoxime proxetil	122	CHATEAL EQ	107	clemastine fumarate ...	164
cefprozil	122	chest congestion		CLEVER CHEK AUTO-CODE	
ceftazidime	122	relief	135	TEST	135
ceftriaxone sodium	122	chest congestion relief		CLEVER CHEK AUTO-CODE	
ceftriaxone sodium in dextrose	122	dm	135	VOICE	135
ceftriaxone sodium-dextrose	122	chest congestion relief		CLEVER CHEK	
cefuroxime axetil	122	pe	135	LANCETS	135
cefuroxime sodium	122	chest rub	55	CLEVER CHEK TEST	135
celecoxib	13	chewable calcium	67	CLEVER CHOICE AUTO-	
CENTRATEX	66	childrens chewable		CODE TEST	135
centravites 50 plus	66	vitamins	67	CLEVER CHOICE HOLDING	
CENTRUM	66	childrens ibuprofen	135	CHAMBER	135
CENTRUM ADULTS	66	childrens loratadine	164	CLEVER CHOICE LANCETS	
CENTRUM MEN	66	CHLO TUSS	135	23G	135
CENTRUM SILVER	66	chlordiazepoxide-amitriptyline	39	CLEVER CHOICE LANCETS	
CENTRUM SILVER 50+WOMEN	66	chlorhexidine		28G	135
CENTRUM SILVER ADULT 50+	66	gluconate	55	CLEVER CHOICE MICRO	
CENTRUM SILVER ULTRA WOMENS	66	chloroquine		TEST	135
CENTRUM SPECIALIST HEART	66	phosphate	122	CLEVER CHOICE NO	
CENTRUM ULTRA WOMENS	66	chlorpromazine hcl	39	CODING	135
CENTRUM WOMEN	66	chlorthalidone	30	CLEVER CHOICE TALK	
cephalexin	122	cholestyramine	30	SYSTEM	135
CEREFOLIN	66	cholestyramine light	30	CLINDACIN	55
CEROVITE SENIOR	66	CICLODAN	55	CLINDACIN ETZ	55
CERTAVITE SENIOR	66	ciclopirox	55	CLINDACIN-P	55
CERTAVITE SENIOR/ANTIOXIDANT ...	66	ciclopirox olamine	55	clindamycin hcl	123
CERTAVITE/ANTIOXIDANTS ...	66	cilstostazol	26	clindamycin phosphate	56
		CIMDUO	122	CLINIMIX E/DEXTROSE (2.75/5)	67
		cimetidine	99	CLINIMIX E/DEXTROSE (4.25/10)	67
		cinacalcet hcl	92	CLINIMIX E/DEXTROSE (4.25/5)	67
		CINRYZE	26	CLINIMIX E/DEXTROSE (5/15)	67
		ciprofloxacin hcl	122		
		ciprofloxacin in d5w	122		
		ciprofloxacin-dexamethasone	162		
		cisplatin	17		

If you have questions, please call Wellpoint STAR+PLUS MMP at 1-833-232-1711 (TTY:711), 24 hours a day, 7 days a week. The call is free.
For more information, visit www.wellpoint.com/tx/mmp.

CLINIMIX E/DEXTROSE		colchicine	13	COMPACT SPACE
(5/20)	67	colchicine-		CHAMBER/MED
<i>clinimix e/dextrose</i>		probenecid	13	MASK
(8/10)	67	cold & allergy		136
<i>clinimix e/dextrose</i>		childrens	135	COMPACT SPACE
(8/14)	67	cold & cough		CHAMBER/SM MASK
CLINIMIX/DEXTROSE		childrens	135	136
(4.25/10)	67	cold & flu nighttime		companion
CLINIMIX/DEXTROSE		relief	135	67
(4.25/5)	67	cold & flu relief		COMPETE
CLINIMIX/DEXTROSE		daytime	136	123
(5/15)	67	cold & flu relief		COMPLERA
CLINIMIX/DEXTROSE		nighttime	136	complete allergy
(5/20)	67	cold/flu daytime		medicine
<i>clinimix/dextrose</i>		relief	136	165
(6/5)	67	COLEMAN BOTANICALS		complex b-100-
<i>clinimix/dextrose</i>		INSECT REP	136	inositol
(8/10)	67	COLEMAN INSECT REPEL		67
<i>clinimix/dextrose</i>		HIGH& DRY	136	COMPRO
(8/14)	67	COLEMAN SKINSMART		100
CLINOLIPID	67	INSECT REPEL	136	constulose
<i>clobazam</i>	39	colestipol hcl	30	100
<i>clobetasol prop emollient</i>		colistimethate sodium		CONTOUR NEXT
<i>base</i>	56	(cba)	123	TEST
<i>clobetasol propionate</i> ...	56	COMBIGAN	159	136
<i>clobetasol propionate</i>		COMBIVENT		CONTOUR TEST
e	56	RESPIMAT	164	136
<i>clomipramine hcl</i>	39	COMETRIQ (100 MG DAILY		COOL BLOOD GLUCOSE
<i>clonazepam</i>	39	DOSE)	17	TEST STRIPS
<i>clonidine</i>	30	COMETRIQ (140 MG DAILY		136
<i>clonidine hcl</i>	30	DOSE)	17	COPAXONE
<i>clopidogrel bisulfate</i>	26	COMETRIQ (60 MG DAILY		40
<i>clorazepate</i>		DOSE)	17	COPIKTRA
<i>dipotassium</i>	39	comfort assured lancets		17
<i>clotrimazole</i>	56	28g	136	coral calcium
<i>clotrimazole anti-fungal</i>	56	comfort assured lancets		67
<i>clotrimazole-betamethasone</i>	56	33g	136	CORLANOR
<i>clozapine</i>	39	comfort lancets	136	30
COAGUCHEK		COMPACT SPACE		corn & callus
LANCETS	135	CHAMBER	136	remover
COARTEM	123	COMPACT SPACE		56
COATS ALOE	56	CHAMBER/LG MASK....	136	CORTISPORIN-TC
				162
				CORVITA
				67
				CORVITE 150
				67
				corvite fe
				67
				COSENTYX
				115
				COSENTYX (300 MG
				DOSE)
				115
				COSENTYX SENSOREADY
				(300 MG)
				115
				COSENTYX SENSOREADY
				PEN
				115
				COTELLIC
				17
				cough & cold
				hbp
				136
				cough dm
				136
				cough dm childrens
				136
				COZIMA
				56
				CRANBERRY URINARY
				COMFORT
				67

If you have questions, please call Wellpoint STAR+PLUS MMP at 1-833-232-1711 (TTY:711), 24 hours a day, 7 days a week. The call is free.
For more information, visit www.wellpoint.com/tx/mmp.

CREON	104
cromolyn sodium	104
CRYSELLE-28	107
CUTTER	
BACKWOODS	136
CUTTER BACKWOODS	
DRY	136
CUTTER LEMON	
EUCALYPTUS	137
CVS ADVANCED GLUCOSE TEST	137
<i>cvs b complex plus c</i>	68
<i>cvs b-1</i>	68
<i>cvs b-12</i>	68
<i>cvs b6</i>	68
<i>cvs beta carotene</i>	68
<i>cvs biotin high potency</i>	68
<i>cvs calcium</i>	68
<i>cvs calcium + d3</i>	68
<i>cvs calcium 600 & vitamin d3</i>	68
<i>cvs calcium 600 + d/minerals</i>	68
<i>cvs calcium 600+d</i>	68
<i>cvs chewable c with rose hips</i>	68
<i>cvs glucose meter test strips</i>	137
<i>cvs hair/skin/nails</i>	68
<i>cvs iron</i>	68
<i>cvs lancets micro thin 33g</i>	137
<i>cvs lancets thin 26g</i>	137
<i>cvs lancets ultra thin 30g</i>	137
<i>cvs lancets ultra-thin 30g</i>	137
<i>cvs lancing device</i>	137
<i>cvs magnesium</i>	68
<i>cvs ped electrolyte freeze pop</i>	68
<i>cvs pediatric electrolyte</i>	68
<i>cvs selenium</i>	68
<i>cvs slow release iron</i>	68
<i>cvs spectravite adult 50+</i>	68
<i>cvs spectravite adults</i>	68
<i>cvs spectravite advanced</i>	68
<i>cvs spectravite men</i>	68
<i>cvs spectravite women</i>	69
<i>cvs spectravite women 50+</i>	69
<i>cvs vitamin a</i>	69
<i>cvs vitamin b-12</i>	69
<i>cvs vitamin b-2</i>	69
<i>cvs vitamin b12</i>	69
<i>cvs vitamin c</i>	69
<i>cvs vitamin c-rose hips</i>	69
<i>cvs vitamin e</i>	69
<i>cvs zinc gluconate</i>	69
<i>cyclobenzaprine hcl</i>	40
<i>cyclopentolate hcl</i>	159
<i>cyclophosphamide</i>	17
CYCLOSET	93
<i>cyclosporine</i>	115
<i>cyclosporine modified</i>	115
<i>ciproheptadine hcl</i>	165
CYRAMZA	17
CYRED EQ	107
CYSTAGON	104
CYSTARAN	159
D	
D-VI-SOL	93
<i>d-vite pediatric</i>	93
<i>dabigatran etexilate mesylate</i>	27
<i>daily multiple vitamins</i>	69
<i>daily value multivitamin</i>	69
<i>daily vite</i>	69
<i>daily vite</i>	
<i>multivitamin/iron</i>	69
<i>daily vites</i>	69
<i>dalfampridine er</i>	40
danazol	107
dantrolene sodium	40
dapsone	123
DAPTACEL	115
daptomycin	123
darunavir	123
DARZALEX	17
DARZALEX FASPRO	17
DASETTA 1/35	107
DASETTA 7/7/7	108
DAURISMO	17
<i>daytime cold & flu relief</i>	137
DEBLITANE	108
decitabine	17
deconex dmx	137
DECONEX IR	137
<i>deep sea nasal spray</i>	137
deferasirox	93
dekas essential	69
DEKAS PLUS	69
DELSTRIGO	123
DELYLA	108
demeclocycline hcl	123
DEPO-SUBQ PROVERA 104	108
DEPO-	
TESTOSTERONE	108
DESCOVY	123
desipramine hcl	40
<i>desmopressin ace spray refriger</i>	108
<i>desmopressin acetate acetate</i>	108
<i>desmopressin acetate pf</i>	108
<i>desmopressin acetate spray</i>	108

If you have questions, please call Wellpoint STAR+PLUS MMP at 1-833-232-1711 (TTY:711), 24 hours a day, 7 days a week. The call is free.
For more information, visit www.wellpoint.com/tx/mmp.

<i>desogestrel-ethinyl</i>	<i>diclofenac sodium er</i> 13
<i>estradiol</i>	108	<i>dicloxacillin sodium</i> 123
<i>desoximetasone</i>	56	<i>dicyclomine hcl</i> 100
<i>desvenlafaxine er</i>	40	<i>DIFICID</i> 123
<i>desvenlafaxine succinate er</i>	40	<i>diflunisal</i> 13
<i>dexamethasone</i>	108	<i>DIGOX</i> 30
<i>dexamethasone sod phosphate pf</i>	108	<i>digoxin</i> 30
<i>dexamethasone sodium phosphate</i>	108	<i>dihydroergotamine mesylate</i> 41
<i>dexbrompheniramine-phenyleph</i>	137	<i>DILANTIN</i> 41
<i>dextroamphetamine sulfate</i>	40	<i>dilt-xr</i> 30
<i>dextroamphetamine sulfate er</i>	40	<i>diltiazem hcl</i> 31
<i>dextromethorphan hbr</i>	137	<i>diltiazem hcl er</i> 30
<i>dextromethorphan polistirex er</i>	137	<i>diltiazem hcl er beads</i> 30
<i>dextrose</i>	69	<i>diltiazem hcl er coated beads</i> 30
<i>dextrose in lactated ringers</i>	69	<i>DIMAPHEN DM</i>
<i>dextrose-nacl</i>	70	<i>COLD/COUGH</i> 137
<i>dextrose-sodium chloride</i>	70	<i>diphenhydramine hcl</i> 165
<i>DIACOMIT</i>	40	<i>diphenoxylate-atropine</i> 100
<i>DIALYVITE</i>	70	<i>diphtheria-tetanus toxoids dt</i> 115
<i>DIALYVITE 3000</i>	70	<i>disulfiram</i> 41
<i>DIALYVITE 5000</i>	70	<i>divalproex sodium</i> 41
<i>DIALYVITE 800</i>	70	<i>divalproex sodium er</i> 41
<i>DIALYVITE 800/IRON</i>	70	<i>docetaxel</i> 17
<i>DIALYVITE SUPREME D</i>	70	<i>docosanol</i> 56
<i>DIALYVITE/ZINC</i>	70	<i>docusate calcium</i> 100
<i>diaper rash</i>	56	<i>docusate sodium</i> 100
<i>diatruie plus test</i>	137	<i>DOCUSOL KIDS</i> 100
<i>diazepam</i>	40	<i>DOCUSOL PLUS MINI-ENEMA</i> 100
<i>DIAZEPAM INTENSOL</i>	40	<i>dofetilide</i> 31
<i>diazoxide</i>	93	<i>donepezil hcl</i> 41
<i>dibucaine</i>	56	<i>dorzolamide hcl</i> 159
<i>diclofenac potassium</i>	13	<i>dorzolamide hcl-timolol mal</i> 159
<i>diclofenac sodium</i>	13	<i>DOVATO</i> 123
		<i>doxazosin mesylate</i> 31
		<i>doxepin hcl</i> 41
		<i>doxercalciferol</i> 93
		<i>doxorubicin hcl</i> 17
		<i>doxorubicin hcl liposomal</i>
		18
		<i>DOXY 100</i> 123
		<i>doxycycline hydrate</i> 123
		<i>doxycycline monohydrate</i> 123
		<i>doxylamine-phenylephrine</i> 137
		<i>DRIMINATE</i> 100
		<i>dronabinol</i> 100
		<i>DROPLET GENTEEL LANCING DEVICE</i> 137
		<i>DROPLET LANCETS ULTRA THIN 30G</i> 137
		<i>DROPLET LANCING DEVICE</i> 137
		<i>DROPLET PERSONAL LANCETS 30G</i> 137
		<i>drospirenone-ethinyl estradiol</i> 108
		<i>DROXIA</i> 27
		<i>droxidopa</i> 31
		<i>DRUG MART LANCING DEVICE</i> 137
		<i>DRUG MART ON-THE-GO LANCET 30G</i> 137
		<i>DRUG MART UNILET LANCETS 28G</i> 137
		<i>DRUG MART UNILET LANCETS 30G</i> 138
		<i>DRUG MART UNILET LANCETS 33G</i> 138
		<i>dry eye relief</i> 159
		<i>dry eye relief drops</i> 159
		<i>DUAVEE</i> 108
		<i>duloxetine hcl</i> 41
		<i>DUPIXENT</i> 56
		<i>DURAFLU</i> 138
		<i>duramorph</i> 13
		<i>dutasteride</i> 105
		<i>dutasteride-tamsulosin hcl</i> 105

If you have questions, please call Wellpoint STAR+PLUS MMP at 1-833-232-1711 (TTY:711), 24 hours a day, 7 days a week. The call is free.
For more information, visit www.wellpoint.com/tx/mmp.

E	EASY TOUCH LANCETS	<i>effervescent antacid/pain rel</i> 41
e-400 70	28G/TWIST 138	<i>element compact test</i> 139
e-oil 70	EASY TOUCH LANCETS	ELEMENT TEST 139
E-Z JECT LANCET MICRO-THIN 33G 138	30G 138	ELFOLATE PLUS 70
E-Z JECT LANCET SUPER THIN 30G 138	EASY TOUCH LANCETS	ELINEST 108
E-Z JECT LANCETS 138	30G/TWIST 138	ELIQUIS 27
E-Z JECT LANCETS	EASY TOUCH LANCETS	ELIQUIS DVT/PE STARTER
21G 138	32G 138	PACK 27
E-Z JECT LANCETS THIN 26G 138	EASY TOUCH LANCETS	ELITEK 18
E.E.S. 400 123	33G/TWIST 138	ELURYNG 108
e400 70	EASY TOUCH LANCING DEVICE	EMBRACE BLOOD GLUCOSE TEST 139
ear drops 162	EASY TOUCH SAFETY LANCETS 21G	EMBRACE EVO BLOOD GLUCOSE TEST 139
earwax removal 162	EASY TOUCH SAFETY LANCETS 23G	EMBRACE LANCETS ULTRA THIN 30G 139
EASIVENT 138	EASY TOUCH SAFETY LANCETS 26G	<i>embrace lance device/ejector</i> 139
EASIVENT MASK	EASY TOUCH SAFETY LANCETS 28G	EMBRACE PRESSURE ACTIVATED 21G 139
LARGE 138	EASY TOUCH TEST	EMBRACE PRESSURE ACTIVATED 28G 139
EASIVENT MASK	<i>easy trak blood glucose test</i>	EMBRACE PRO GLUCOSE TEST 139
MEDIUM 138	<i>easy trak ii glucose test</i>	EMBRACE TALK GLUCOSE TEST 139
EASIVENT MASK	EASYGLUCO	EMCYT 18
SMALL 138	EASYMAX 15 TEST	EMOQUETTE 108
<i>easy comfort lancets</i> 138	EASYMAX TEST	EMPLICITI 18
<i>easy comfort lancets twist top</i> 138	ec-naproxen	EMSAM 41
<i>easy mini eject lancing device</i> 138	ECONTRA EZ	<i>emtricitabine</i> 124
<i>easy plus ii glucose test</i> 138	ED A-HIST	<i>emtricitabine-tenofovir df</i> 124
EASY STEP TEST 138	ed a-hist dm	EMTRIVA 124
<i>easy talk blood glucose test</i> 138	ed bron gp	enalapril maleate 31
<i>easy talk plus ii test strips</i> 138	ed chlorped jr	enalapril-hydrochlorothiazide 31
EASY TOUCH LANCETS	ed-a-hist dm	ENBREL 115
21G 138	ed-apap	ENBREL MINI 115
EASY TOUCH LANCETS	EDURANT	ENBREL SURECLICK 116
23G 138	efavirenz	ENDACOF-DM 139
EASY TOUCH LANCETS	efavirenz-emtricitab-tenofo df	ENDARI 27
26G 138	efavirenz-lamivudine-tenofovir	
EASY TOUCH LANCETS		
28G 138		

If you have questions, please call Wellpoint STAR+PLUS MMP at 1-833-232-1711 (TTY:711), 24 hours a day, 7 days a week. The call is free.
For more information, visit www.wellpoint.com/tx/mmp.

ENDOCET	13
ENDUR-ACIN	31
ENDUR-C	70
enema	100
ENEMEEZ MINI	100
ENEMEEZ PLUS	100
ENFAMIL ENFALYTE	70
ENGERIX-B	116
ENHERTU	18
ENILLORING	108
ENLYTE	140
exoxaparin sodium	27
ENPRESSE-28	108
ENSKYCE	108
entacapone	41
entecavir	124
ENTRESTO	31
enulose	100
EPCLUSA	124
EPIDIOLEX	41
epinephrine	165
epinephrine (anaphylaxis)	165
EPITOL	42
EPIVIR HBV	124
eplerenone	31
EPRONTIA	42
eq blood glucose test	140
eq calcium 500+d	70
eq calcium 600+d	70
eq calcium citrate+d	70
eq complete multivit adult 50+	70
eq complete multivitamin- adult	70
eq one daily womens health	70
eq slow-release iron	70
eq space chamber anti- static	140
eql b complex 50	70
eql b-6	70
eql calcium citrate/vitamin d	71
eql calcium citrate/vitamin d3	71
eql calcium/vitamin d	71
eql calcium/vitamin d3	71
eql color lancets micro 33g	140
eql one daily womens	71
eql vitamin b-12	71
eql vitamin c	71
eql vitamin c/rose hips	71
eql vitamin e	71
ERAXIS	124
ERBITUX	18
ergocalciferol	93
ergoloid mesylates	42
ERGOMAR	42
ergotamine-caffeine	42
ERIVEDGE	18
ERLEADA	18
erlotinib hcl	18
ERRIN	108
ertapenem sodium	124
ery	57
ERY-TAB	124
ERYTHROCIN STEARATE	124
erythromycin	57
erythromycin base	124
erythromycin ethylsuccinate	124
erythromycin lactobionate	124
erythromycin stearate	124
escitalopram oxalate	42
esomeprazole	
magnesium	100
ESSENTIA	71
ESTARYLLA	108
estradiol	109
ethambutol hcl	124
ethosuximide	42
ethynodiol diac-eth estradiol	109
etodolac	13
etonogestrel-ethinyl estradiol	109
etoposide	18
etravirine	124
EUTHYROX	109
everolimus	18
EVOLUTION AUTOCODE	140
EVOTAZ	124
exemestane	18
EXKIVITY	18
EXTAVIA	42
eye allergy itch relief	159
eye drops	159
eye drops advanced relief	159
eye itch relief	159
eye wash	159
EZ-LETS LANCETS 26G	140
ezetimibe	31
EZFE 200	71
F	
fabb	71
FABRAZYME	104
FALMINA	109
famciclovir	124
famotidine	100
famotidine (pf)	100
famotidine maximum strength	100
famotidine orig st	100
famotidine premixed	100
FANAPT	42



If you have questions, please call Wellpoint STAR+PLUS MMP at 1-833-232-1711 (TTY:711), 24 hours a day, 7 days a week. The call is free.
For more information, visit www.wellpoint.com/tx/mmp.

FANAPT TITRATION		FIFTY50 SAFETY SEAL		fluocinonide emulsified	
PACK	42	LANCETS	140	base	57
FARXIGA	93	FIFTY50 UNILET LANCETS		fluorometholone	159
fe c tab	71	33G	140	fluorouracil	18
fe-vite iron	71	finasteride	105	fluoxetine hcl	42
febuxostat	13	FINE 30	140	fluphenazine	
felbamate	42	FINGERSTIX		decanoate	42
felodipine er	31	LANCETS	140	fluphenazine hcl	42
FEMYNOR	109	fingolimod hcl	42	flurbiprofen	13
fenofibrate	31	FINTEPLA	42	flurbiprofen sodium	159
fenofibrate		FIRMAGON	18	fluticasone	
micronized	31	FIRMAGON (240 MG		propionate	57
fenofibric acid	31	DOSE)	18	fluticasone propionate	
fenoprofen calcium	13	FLAC	162	diskus	165
fentanyl	13	flecainide acetate	31	fluticasone propionate	
fentanyl citrate	13	FLEET PEDIATRIC	101	hfa	165
FEOSOL	71	FLEXICHAMBER	140	fluticasone-	
FEOSOL BIFERA	71	FLEXICHAMBER ADULT		salmeterol	166
FER-IN-SOL	71	MASK/SMALL	140	fluvoxamine maleate	43
FERATE	71	FLEXICHAMBER CHILD		folbee	72
FERIVA 21/7	71	MASK/LARGE	140	folbee plus	72
FERIVAFIA	71	FLEXICHAMBER CHILD		FOLBEE PLUS CZ	72
FEROSUL	71	MASK/SMALL	140	FOLBIC	73
FERRALET 90	71	FLINTSTONES		folic acid	73
ferretts	71	COMPLETE	72	FOLITAB 500	73
ferretts ips	71	FLINTSTONES/MY		folplex 2.2	73
FERREX 150	71	FIRST	72	FOLTABS 800	73
ferric x-150	71	FLORIVA	72	FOLTANX	73
FERRIMIN 150	72	FLORIVA PLUS	72	FOLTRATE	73
ferrous fumarate	72	flu hbp	140	fondaparinux sodium	27
ferrous gluconate	72	fluconazole	124	FORA 6 CONNECT	140
ferrous sulfate	72	fluconazole in sodium		FORA BLOOD GLUCOSE	
ferrous sulfate er	72	chloride	124	TEST	140
fesoterodine fumarate		flucytosine	125	FORA D15G BLOOD	
er	105	fludrocortisone		GLUCOSE TEST	140
FETZIMA	42	acetate	109	FORA D20 BLOOD GLUCOSE	
FETZIMA TITRATION	42	flunisolide	165	TEST	140
fexofenadine hcl	165	fluocinolone		FORA D40/G31 BLOOD	
fexofenadine-pseudoephed		acetonide	57	GLUCOSE	140
er	140	fluocinolone acetonide		FORA G20 BLOOD GLUCOSE	
fiber	100	body	57	TEST	140
fiber-lax	100	fluocinolone acetonide		FORA G30/PREM V10	
FIFTY50 GLUCOSE TEST		scalp	57	GLUCOSE TEST	140
2.0	140	fluocinonide	57	FORA GD20 TEST	140

If you have questions, please call Wellpoint STAR+PLUS MMP at 1-833-232-1711 (TTY:711), 24 hours a day, 7 days a week. The call is free.
For more information, visit www.wellpoint.com/tx/mmp.

FORA GD50 BLOOD GLUCOSE TEST	140	FREESTYLE INSULINX TEST	141	ge100 blood glucose test	141
FORA GTEL BLOOD GLUCOSE TEST	140	FREESTYLE LANCETS	141	gefitinib	18
FORA LANCETS	141	FREESTYLE LITE TEST	141	gemcitabine hcl	19
FORA LANCING DEVICE	141	FREESTYLE PRECISION NEO TEST	141	gemfibrozil	31
FORA TN'G ADVANCE PRO	141	FREESTYLE TEST	141	GEMTESA	105
FORA TN'G/TN'G VOICE	141	FREESTYLE UNISTICK II LANCETS	141	generlac	101
FORA V10 BLOOD GLUCOSE TEST	141	fruit c 500	73	GENGRAF	116
FORA V12 BLOOD GLUCOSE TEST	141	fruity c	73	GENTAK	159
FORA V20 BLOOD GLUCOSE TEST	141	FRUZAQLA	18	gentamicin sulfate	57
FORA V30A BLOOD GLUCOSE TEST	141	full spectrum b/vitamin c	73	GENTEEL BUTTERFLY TOUCH LANCET	141
FORACARE GD40 TEST	141	FULPHILA	27	GENVOYA	125
FORACARE PREMIUM V10 TEST	141	fulvestrant	18	ght test	141
FORACARE TEST N GO TEST	141	FUNGOID TINCTURE	57	GILENYA	43
FORTEO	93	furosemide	31	GILOTRIF	19
FORTISCARE G1 TEST STRIP	141	FUSION	101	GLEOSTINE	19
FORTISCARE TEST	141	FUSION PLUS	101	glimepiride	93
fosamprenavir calcium	125	FUZEON	125	glipizide	93
fosfomycin		FYCOMPA	43	glipizide er	93
tromethamine	125	G		glipizide xl	93
FOSFREE	73	gabapentin	43	glipizide-metformin hcl	93
fosinopril sodium	31	GAMUNEX-C	116	global inject ease lancets 28g	141
fosinopril sodium-hctz	31	ganciclovir sodium	125	global inject ease lancets 30g	141
FOTIVDA	18	GARDASIL 9	116	global lancing device	141
freds pharmacy autolet lancing	141	gas relief	101	GLUCAGEN HYPOKIT	94
freds pharmacy unilet lanc 28g	141	gas relief extra strength	101	GLUCOCARD 01 SENSOR PLUS	142
freds pharmacy unilet lanc 30g	141	gas relief infants	101	GLUCOCARD EXPRESSION TEST	142
		gas relief ultra strength	101	GLUCOCARD SHINE TEST	142
		GATTEX	101	GLUCOCARD VITAL TEST	142
		GAUZE STERILE PADS 2	141	GLUCOCOM LANCETS 28G	142
		gavilax	101	GLUCOCOM LANCETS 30G	142
		GAVILYTE-C	101		
		GAVILYTE-G	101		
		GAVILYTE-N WITH FLAVOR PACK	101		
		GAVRETO	18		
		GAZYVA	18		

If you have questions, please call Wellpoint STAR+PLUS MMP at 1-833-232-1711 (TTY:711), 24 hours a day, 7 days a week. The call is free. For more information, visit www.wellpoint.com/tx/mmp.

GLUCOCOM LANCETS	<i>gnp sterile lancets</i>	goodsense lancets 33g
33G	33g	univ
GLUCOCOM TEST	GNP TRUE METRIX	goodsense nicotine
GLUCONAVII BLOOD	GLUCOSE STRIPS	griseofulvin
GLUCOSE TEST	GNP TRUETRACK TEST	microsize
glucose meter test.....	STRIPS	griseofulvin
glyburide	<i>gnp vitamin a</i>	ultramicrosize
glycopyrrolate	<i>gnp vitamin b-1</i>	guaifenesin-codeine
GLYDO	<i>gnp vitamin b-12</i>	guanfacine hcl er
GLYXAMBI	<i>gnp vitamin b-6</i>	GUMMI BEAR
<i>gnp all day allergy</i>	<i>gnp vitamin c</i>	MULTIVITAMIN/MIN
<i>gnp b-12</i>	<i>gnp vitamin c drops</i>	H
<i>gnp biotin</i>	<i>gnp vitamin c w/rose</i>	<i>h-e-b incontrol adv</i>
<i>gnp calcium</i>	<i>hips</i>	<i>lancing</i>
<i>gnp calcium 500 +d3</i>	<i>gnp vitamin c/rose</i>	<i>h-e-b incontrol lancets</i>
<i>gnp calcium 600 +d3</i>	<i>hips</i>	28g
<i>gnp calcium citrate</i> +d3	<i>gnp vitamin e</i>	<i>h-e-b incontrol lancets</i>
<i>gnp childrens</i> chewables/ex c	GOJJI BLOOD GLUCOSE	30g
<i>gnp easy touch glucose</i> test	TEST	<i>h-e-b incontrol lancets</i>
<i>gnp essential one</i> daily	GOJJI LANCING	33g
<i>gnp ibuprofen</i>	DEVICE/CLEAR CAP	<i>h-e-b oral electrolyte</i>
<i>gnp iron</i>	GOJJI STERILE	HAILEY 1.5/30
<i>gnp lancets 21g</i>	LANCETS	HAILEY FE 1.5/30
<i>gnp lancets thin 26g</i> ...	<i>goodsense blood</i>	HAILEY FE 1/20
GNP LANCING SYSTEM DEVICE	glucose	halobetasol
<i>gnp lice treatment</i>	GOODSENSE	<i>propionate</i>
<i>gnp little ones</i> <i>childrens</i>	CLEARLAX	HALOETTE
<i>gnp loratadine</i>	<i>goodsense color lancets</i>	<i>haloperidol</i>
<i>gnp mega multi for</i> <i>men</i>	33g	<i>haloperidol</i>
<i>gnp mega multi for</i> <i>women</i>	<i>goodsense</i>	decanoate
<i>gnp omeprazole</i>	<i>ibuprofen</i>	<i>haloperidol lactate</i>
<i>gnp one daily mens health</i> 50+	<i>goodsense ibuprofen</i>	HARD NAILS
<i>gnp one daily womens</i> 50+	<i>childrens</i>	HARVONI
	<i>goodsense ibuprofen</i>	HAVRIX
	<i>infants</i>	head
	<i>goodsense lancets 26g</i>	<i>congestion/mucus</i>
	<i>univ</i>	HEALTH CARE LANCING
	<i>goodsense lancets</i>	DEVICE
	30g	<i>healthy accents</i> <i>lancing</i>
	<i>goodsense lancets 30g</i>	<i>device</i>
	<i>univ</i>	<i>healthy accents</i> <i>unilet</i>
	<i>goodsense lancets</i>	<i>lancets</i>
	33g	<i>healthy kids gummies</i> ...

If you have questions, please call Wellpoint STAR+PLUS MMP at 1-833-232-1711 (TTY:711), 24 hours a day, 7 days a week. The call is free.
For more information, visit www.wellpoint.com/tx/mmp.

<i>heartburn relief ex st</i>	101	HUMIRA-CD/UC/HS STARTER	117	HYPOLANCE AST LANCING	143
HEATHER	109	HUMIRA-PS/UV/ADOL HS		I	
HEMOCYTE PLUS	74	STARTER	117	<i>ibandronate sodium</i>	94
<i>hemorrhoidal</i>	57	HUMIRA-PSORIASIS/UVEIT		IBRANCE	19
<i>heparin (porcine) in nacl</i>	27	STARTER	117	IBU	14
<i>heparin sod (porcine) in d5w</i>	27	HUMULIN 70/30	94	<i>ibuprofen</i>	14
<i>heparin sodium (porcine)</i>	28	HUMULIN 70/30		<i>ibuprofen childrens</i>	143
HEPLISAV-B	116	KWIKPEN	94	<i>ibuprofen junior strength</i>	143
HERCEPTIN	19	HUMULIN N	94	<i>ibuprofen pm</i>	43
HERCEPTIN HYLECTA	19	HUMULIN N KWIKPEN	94	ICAPS LUTEIN &	
HIBERIX	116	HUMULIN R	94	ZEAXANTHIN	75
<i>high pot multivitamin/beta-car</i>	74	HW EMBRACE PRO		ICAPS MV	75
<i>high potency multivit/fa</i>	74	GLUCOSE TEST	143	ICAR	75
HISTEX	166	HW EMBRACE TALK		ICAR-C	75
HISTEX PD	166	GLUCOSE TEST	143	<i>icatibant acetate</i>	28
HISTEX-DM	143	<i>hydralazine hcl</i>	31	ICLEVIA	109
<i>hm biotin</i>	74	<i>hydrochlorothiazide</i>	32	ICLUSIG	19
<i>hm e vitamin</i>	74	<i>hydrocod poli-chlorphe poli er</i>	143	IDHIFA	19
<i>hm vitamin b-12</i>	74	<i>hydrocodone bit-homatrop mbr</i>	143	IGLUCOSE TEST	
<i>hm vitamin c</i>	75	<i>hydrocodone-acetaminophen</i>	13	STRIPS	144
HUMALOG	94	<i>hydrocodone-</i>		ILARIS	117
HUMALOG JUNIOR		<i>ibuprofen</i>	14	ILEVRO	159
KWIKPEN	94	<i>hydrocortisone</i>	58	<i>imatinib mesylate</i>	19
HUMALOG KWIKPEN	94	<i>hydrocortisone</i>		IMBRUVICA	19
HUMALOG MIX 50/50	94	<i>(perianal)</i>	58	IMFINZI	19
HUMALOG MIX 50/50		<i>hydrocortisone</i>		<i>imipenem-cilastatin</i>	125
KWIKPEN	94	<i>valerate</i>	58	<i>imipramine hcl</i>	43
HUMALOG MIX 75/25	94	<i>hydrocortisone-acetic acid</i>	162	<i>imiquimod</i>	58
HUMALOG MIX 75/25		<i>hydromet</i>	143	IMOGRAM RABIES-HT	117
KWIKPEN	94	<i>hydromorphone hcl</i>	14	IMOVAK RABIES	117
HUMIRA	117	<i>hydroxychloroquine sulfate</i>	125	INCASSIA	109
HUMIRA (2 PEN)	116	<i>hydroxyurea</i>	19	INCRELEX	109
HUMIRA (2 SYRINGE)	116	<i>hydroxyzine hcl</i>	166	<i>indapamide</i>	32
HUMIRA PEDIATRIC		<i>hydroxyzine pamoate</i>	166	<i>indomethacin</i>	14
CROHNS START	116	<i>hyoscyamine sulfate</i>	101	INFANRIX	117
HUMIRA PEN	117	HYPERRAB	117	<i>infants ibuprofen</i>	144
HUMIRA PEN-PEDIATRIC UC		HYPERSAL	166	INFED	75
START	117			INFINITY BLOOD GLUCOSE TEST	144
				INFINITY VOICE	144
				<i>infliximab</i>	117

If you have questions, please call Wellpoint STAR+PLUS MMP at 1-833-232-1711 (TTY:711), 24 hours a day, 7 days a week. The call is free.
For more information, visit www.wellpoint.com/tx/mmp.

INGREZZA	43	<i>iron infant & toddler</i>	75	KADCYLA	20
INLYTA	19	<i>iron infant/toddler</i>	75	KALLIGA	109
INQOVI	19	<i>iron slow release</i>	75	KALYDECO	166
INREBIC	19	<i>iron supplement</i>	75	KARIVA	109
INSPIRACHAMBER/LARGE...	144	<i>iron-vitamin c</i>	75	<i>kcl (0.149%) in nacl</i>	75
INSPIRACHAMBER/MEDIUM...	144	IROSPAN 24/6	75	<i>kcl in dextrose-nacl</i>	76
INSPIRACHAMBER/MOUTHPEE...	144	ISENTRESS	125	<i>kcl-lactated ringers-d5w</i>	76
INSPIRACHAMBER/SMALL...	144	ISENTRESS HD	125	kedrab	117
<i>insulin lispro</i>	94	ISIBLOOM	109	KELNOR 1/35	109
<i>insulin lispro (1 unit dial)</i>	94	<i>isoniazid</i>	125	KELNOR 1/50	110
<i>insulin lispro junior kwikpen</i>	94	<i>isosorbide dinitrate</i>	32	KERENDIA	95
<i>insulin lispro prot & lispro</i>	94	<i>isosorbide</i>		<i>ketoconazole</i>	58
INSULIN PEN		<i>mononitrate</i>	32	ketorolac	
NEEDLE	144	<i>isosorbide mononitrate er</i>	32	<i>tromethamine</i>	159
INSULIN SYRINGE	144	<i>isotretinoin</i>	58	<i>ketotifen fumarate</i>	159
INTEGRA	75	<i>itraconazole</i>	125	KEYTRUDA	20
INTEGRA F	75	<i>ivermectin</i>	125	KINRIX	117
INTEGRA PLUS	75	IXIARO	117	KISQALI (200 MG DOSE)	20
INTELENCE	125	J		KISQALI (400 MG DOSE)	20
INTRALIPID	75	JAKAFI	20	KISQALI (600 MG DOSE)	20
INTRON A	117	JANTOVEN	28	KISQALI FEMARA (200 MG DOSE)	20
INTROVALE	109	JANUMET	95	KISQALI FEMARA (400 MG DOSE)	20
INVEGA HAFYERA	43	JANUMET XR	95	KJAVYGTOR	104
INVEGA SUSTENNA	43	JANUVIA	95	JAYPIRCA	20
INVEGA TRINZA	44	JARDIANC	95	JENCYCLA	109
IOSAT	144	JAVYGTOR	104	JENTADUETO	95
IPOL	117	JAYPIRCA	20	JENTADUETO XR	95
<i>ipratropium bromide</i>	166	JEVDTANA	20	JEVTANA	20
<i>ipratropium-albuterol</i>	166	JOLESSA	109	KOLESSA	109
<i>irbesartan</i>	32	JULEBER	109	KLOR-CON	76
<i>irbesartan-hydrochlorothiazide</i>	32	JULUCA	125	KLOR-CON 10	76
<i>irinotecan hcl</i>	19	JUNEL 1.5/30	109	KLOR-CON M10	76
<i>iron</i>	75	JUNEL 1/20	109	KLOR-CON M15	76
<i>iron (ferrous sulfate)</i>	75	JUNEL FE 1.5/30	109	KLOR-CON M20	76
<i>iron 100/c</i>	75	JUNEL FE 1/20	109	<i>kobee</i>	76
<i>iron 27</i>	75	JUXTAPID	32	KORLYM	110
<i>iron high-potency</i>	75	JYNNEOS	117	KOSELUGO	144
		K		KOURZEQ	58
		K-PHOS-NEUTRAL	105	<i>kp adults 50+ daily formula</i>	76
				<i>kp b complex-c</i>	76
				<i>kp calcium citrate+d</i>	76

If you have questions, please call Wellpoint STAR+PLUS MMP at 1-833-232-1711 (TTY:711), 24 hours a day, 7 days a week. The call is free. For more information, visit www.wellpoint.com/tx/mmp.

<i>kp ferrous gluconate</i>	76	<i>lancets</i>	144	LESSINA	110
<i>kp ferrous sulfate</i>	76	<i>lancets 30g</i>	144	<i>letrozole</i>	20
<i>kp niacin</i>	32	<i>lancets micro thin</i>		<i>leucovorin calcium</i>	21
<i>kp vitamin b-12</i>	76	<i>33g</i>	144	LEUKERAN	21
<i>kp vitamin b-6</i>	76	<i>lancets super thin</i>		<i>leuprolide acetate</i>	21
<i>kp vitamin e</i>	76	<i>28g</i>	145	<i>leuprolide acetate (3 month)</i>	21
KRAZATI	20	<i>lancets thin</i>	145	<i>levalbuterol hcl</i>	166
KROGER AUTOLET LANCING DEVICE	144	LANCETS ULTRA THIN	145	<i>levalbuterol tartrate</i>	166
<i>kroger blood glucose test</i>	144	<i>lancets ultra thin</i>		LEVEMIR	95
KROGER HEALTHPRO GLUCOSE TEST	144	<i>30g</i>	145	LEVEMIR FLEXPEN	95
KROGER HEALTHPRO LANCET 26G	144	<i>lancing device</i>	145	LEVEMIR FLEXTOUCH	95
<i>kroger lancets 21g</i>	144	<i>lanreotide acetate</i>	110	<i>levetiracetam</i>	44
<i>kroger lancets micro thin 33g</i>	144	<i>lansoprazole</i>	102	<i>levetiracetam er</i>	44
<i>kroger lancets thin 26g</i>	144	LANTUS	95	LEVO-T	110
<i>kroger lancets ultrathin 30g</i>	144	LANTUS SOLOSTAR	95	<i>levobunolol hcl</i>	160
<i>kroger lancing device</i>	144	<i>lapatinib ditosylate</i>	20	<i>levocarnitine</i>	76
<i>kroger premium glucose test</i>	144	LARIN 1.5/30	110	<i>levocarnitine sf</i>	76
KURVELO	110	LARIN 1/20	110	<i>levocetirizine dihydrochloride</i>	166
KYPROLIS	20	LARIN FE 1.5/30	110	<i>levofloxacin</i>	126
L		LARIN FE 1/20	110	<i>levofloxacin in d5w</i>	126
<i>l-methyl-mc</i>	76	LASTACRAFT	160	<i>levoleucovorin calcium</i>	21
<i>l-methylfolate-b6-b12</i>	76	<i>latanoprost</i>	160	LEVONEST	110
<i>labetalol hcl</i>	32	<i>leader advanced lancing device</i>	145	<i>levonorg-eth estrad triphasic</i>	110
<i>lacosamide</i>	44	LEENA	110	<i>levonorgest-eth estrad 91-day</i>	110
<i>lactated ringers</i>	76	<i>leflunomide</i>	117	<i>levonorgestrel</i>	110
<i>lactulose</i>	101	<i>lenalidomide</i>	20	<i>levonorgestrel-ethinyl estrad</i>	110
<i>lactulose encephalopathy</i>	101	LENVIMA (10 MG DAILY DOSE)	20	LEVORA 0.15/30 (28)	110
LAGEVRIO	125	LENVIMA (12 MG DAILY DOSE)	20	<i>levothyroxine sodium</i>	110
<i>lamivudine</i>	125	LENVIMA (14 MG DAILY DOSE)	20	LEVOXYL	110
<i>lamivudine-zidovudine</i>	126	LENVIMA (18 MG DAILY DOSE)	20	LEXIVA	126
<i>lamotrigine</i>	44	LENVIMA (20 MG DAILY DOSE)	20	<i>lice killing</i>	58
<i>lancet device with ejector</i>	144	LENVIMA (24 MG DAILY DOSE)	20	<i>lice treatment creme rinse</i>	58
		LENVIMA (4 MG DAILY DOSE)	20	<i>lidocaine</i>	14
		LENVIMA (8 MG DAILY DOSE)	20	<i>lidocaine hcl</i>	14
				<i>lidocaine hcl (pf)</i>	14

If you have questions, please call Wellpoint STAR+PLUS MMP at **1-833-232-1711** (TTY:711), 24 hours a day, 7 days a week. The call is free.
For more information, visit www.wellpoint.com/tx/mmp.

<i>lidocaine hcl</i>	
urethral/mucosal	14
<i>lidocaine viscous hcl</i>	14
<i>lidocaine-prilocaine</i>	14
<i>lindane</i>	58
<i>linezolid</i>	126
<i>linezolid in sodium chloride</i>	126
LINZESS	102
<i>liothyronine sodium</i> ...	110
<i>lisinopril</i>	32
<i>lisinopril-hydrochlorothiazide</i>	32
<i>lite touch lancets</i>	145
LITE TOUCH LANCING PEN	145
LITETOUGH LANCETS	145
LITETOUGH MASK LARGE	145
LITETOUGH MASK MEDIUM	145
LITETOUGH MASK SMALL	145
<i>lithium</i>	44
<i>lithium carbonate</i>	44
<i>lithium carbonate er</i>	44
<i>live better adv lancing device</i>	145
<i>live better lancet ultra thin</i>	145
LOESTRIN 1.5/30 (21)	110
LOESTRIN 1/20 (21)	110
LOESTRIN FE 1.5/30	110
LOESTRIN FE 1/20	110
LOHIST-D	145
<i>lohist-dm</i>	145
LOKELMA	95
<i>longs lancets thin</i>	145
<i>longs lancets ultra thin</i>	145
LONSURF	21
<i>loperamide hcl</i>	102
<i>loperamide-simethicone</i>	102
<i>lopinavir-ritonavir</i>	126
<i>loratadine</i>	166
<i>loratadine childrens</i> ...	166
<i>loratadine-d 12hr</i>	145
<i>loratadine-d 24hr</i>	145
<i>lorazepam</i>	44
LORAZEPAM	
INTENSOL	44
LORBRENA	21
<i>losartan potassium</i>	32
<i>losartan potassium-hctz</i>	32
<i>lovastatin</i>	32
LOW-OGESTREL	110
<i>loxapine succinate</i>	45
<i>lubiprostone</i>	102
<i>lubricant eye drops</i>	160
<i>lubricant eye drops (pf)</i>	160
<i>lubricant eye drops pf</i>	160
<i>lubricant eye nighttime</i>	160
<i>lubricating eye drops</i>	160
<i>lubricating plus eye drops</i>	160
<i>lubricating tears eye drops</i>	160
<i>lubrifresh p.m.</i>	160
LUMAKRAS	21
LUMIGAN	160
LUMIZYME	104
LUPRON DEPOT (1-MONTH)	21
LUPRON DEPOT-PED (1-MONTH)	110
<i>lurasidone hcl</i>	45
LUTERA	111
LYBALVI	45
LYLEQ	111
LYNPARZA	21
LYSIPLEX PLUS	76
LYSODREN	21
LYTGOBI (12 MG DAILY DOSE)	21
LYTGOBI (16 MG DAILY DOSE)	21
LYTGOBI (20 MG DAILY DOSE)	21
LYUMJEV	95
LYUMJEV KWIKPEN	95
LYZA	111
M	
<i>m-end dmx</i>	145
M-M-R II	117
<i>m-pap</i>	145
<i>mafenide acetate</i>	58
MAG-TAB SR	76
<i>magnesium</i>	76
<i>magnesium lactate</i>	77
<i>magnesium oxide</i>	77
<i>magnesium oxide -mg supplement</i>	77
<i>magnesium sulfate</i>	77
<i>malathion</i>	58
<i>mapap</i>	145
<i>mapap arthritis pain</i> ...	145
MAPAP CHILDRENS	145
MAPAP COLD FORMULA MULTI-SYMPT	145
<i>maraviroc</i>	126
marlissa	111
MARPLAN	45
MATULANE	21
<i>meclizine hcl</i>	102
<i>meclofenamate sodium</i>	14
<i>medi-pads</i>	58
<i>medicated callus removers</i>	58
<i>medicated corn removers</i>	58
MEDLANCE LITE 25G	146
MEDLANCE PLUS EXTRA 21G	146

If you have questions, please call Wellpoint STAR+PLUS MMP at 1-833-232-1711 (TTY:711), 24 hours a day, 7 days a week. The call is free.
For more information, visit www.wellpoint.com/tx/mmp.

MEDLANCE PLUS	mesalamine-	MICROCHAMBER
LANCETS	cleanser.....	146
MEDLANCE PLUS LITE	mesna	146
25G	MESNEX	22
MEDLANCE PLUS SPECIAL	METAFOLBIC	77
0.8MM	metformin hcl	95
MEDLANCE PLUS	metformin hcl er.....	95
SUPERLITE 30G	methadone hcl	14
MEDLANCE PLUS	METHADONE HCL	
UNIVERSAL 21G	INTENSOL	14
MEDLANCE UNIVERSAL	methazolamide	160
21G	methenamine	
<i>medroxyprogesterone</i>	hippurate	126
<i>acetate</i>	methimazole	111
<i>mefloquine hcl</i>	methocarbamol	45
MEGA MULTI MEN	methotrexate	117
<i>mega multiple/chelated</i>	methotrexate	
<i>mineral</i>	sodium	118
<i>megestrol acetate</i>	methotrexate sodium	
<i>meijer blood glucose</i>	(pf)	118
<i>test</i>	methoxsalen rapid	58
<i>meijer c</i>	methsuximide	45
MEIJER LANCETS	methylphenidate hcl	45
THIN	methylprednisolone	111
MEIJER LANCETS	methylprednisolone	
UNIVERSAL 33G	acetate	111
MEIJER SUPER THIN	methylprednisolone	
LANCETS	sodium succ	111
MEKINIST	metoclopramide hcl	102
MEKTOVI	metolazone	32
<i>meloxicam</i>	metoprolol succinate	
<i>memantine hcl</i>	er	32
<i>memantine hcl er</i>	metoprolol tartrate	32
MENACTRA	metoprolol-	
MENEST	hydrochlorothiazide	32
MENQUADFI	metronidazole	58
<i>menstrual pain relief</i>	metyrosine	32
MENVEO	mexiletine hcl	33
<i>mercaptopurine</i>	MG PLUS PROTEIN	77
MERIBIN	micafungin sodium	126
<i>meropenem</i>	miconazole 3	105
<i>mesalamine</i>	miconazole 3 combo-	
<i>mesalamine er</i>	supp	105
	miconazole nitrate	58

If you have questions, please call Wellpoint STAR+PLUS MMP at 1-833-232-1711 (TTY:711), 24 hours a day, 7 days a week. The call is free.
For more information, visit www.wellpoint.com/tx/mmp.

morphine sulfate (pf)	14	multiple vit/minerals/no iron	78	naltrexone hcl	45
morphine sulfate er	15	multiple vitamins	78	NAMZARIC	46
motion sickness relief	102	multiple vitamins-iron ...	78	naproxen	15
MOVANTIK	102	multiple		naproxen dr	15
moxifloxacin hcl	126	vitamins/iron	78	naproxen sodium	15
moxifloxacin hcl in nacl	126	multivitamin	78	nasal allergy 24	
MOZOBIL	28	multivitamin & mineral	78	hour	166
MTX SUPPORT	77	multivitamin adults 50+	78	nasal decongestant	147
mucus & chest congestion	146	multivitamin women 50+	78	nasal decongestant pe	147
mucus relief	147	multivitamin/fluoride	78	nasal decongestant spray	147
mucus relief childrens	146	mupirocin	58	nasal relief	147
mucus relief d	146	mupirocin calcium	58	nasal spray no drip	147
mucus relief dm	147	MURO 128	160	NASCOBAL	79
mucus relief dm cough	146	MUTAMYCIN	22	NASOPEN PE	147
mucus relief dm max	147	MVW COMPLETE FORMULATION	78	NATACYN	160
mucus relief er	147	MVW COMPLETE FORMULATION D3000	78	nateglinide	96
mucus relief max st	147	MVW COMPLETE FORMULATION D5000	78	NATPARA	96
mucus relief pe sinus	147	MVW COMPLETE FORMULATION MINIS	78	NATRAPEL 12-HOUR TICK/INSECT	147
MULTAQ	33	MY WAY	111	natural c/rose hips	79
multi complete/iron	77	mycophenolate mofetil	118	natural vitamin e	79
multi symptom flu/severe cold	147	mycophenolate sodium	118	NAYZILAM	46
multi vitamin	77	MYGLUCOHEALTH LANCETS 30G	147	NECON 0.5/35 (28)	111
MULTI-LANCET DEVICE 2	147	MYGLUCOHEALTH TEST	147	nefazodone hcl	46
multi-vit/iron/fluoride	77	MYNEPHRON	79	NEO-POLYCIN	160
multi-vitamin	77	MYORISAN	58	NEO-POLYCIN HC	160
multi-vitamin hp/minerals	77	MYRBETRIQ	106	neomycin sulfate	126
multi-vitamin/fluoride	77	N		neomycin-bacitracin zn-polymyx	160
multi-vitamin/fluoride/iron	78	nabumetone	15	neomycin-polymyxin b gu	147
multi-vite	78	nadolol	33	neomycin-polymyxin-dexameth	160
multiple electro type 1 ph 5.5	78	nafcillin sodium	126	neomycin-polymyxin-gramicidin	160
		NAGLAZYME	104	neomycin-polymyxin-hc	160
		naloxone hcl	45	NEPHPLEX RX	79
				nephro vitamins	79
				NEPHRO-VITE	79
				NEPHRON FA	79
				NERLYNX	22

If you have questions, please call Wellpoint STAR+PLUS MMP at 1-833-232-1711 (TTY:711), 24 hours a day, 7 days a week. The call is free.
For more information, visit www.wellpoint.com/tx/mmp.

NEULASTA	28	NIVA-FOL	79	NULOJIX	118
NEULASTA ONPRO	28	<i>no iron mult vitamin-minerals</i>	79	NUPLAZID	46
NEUPRO	46	<i>nohist-dm</i>	148	NURTEC	47
<i>neurin-sl</i>	79	<i>nohist-lq</i>	148	NUTRILIPID	79
NEUTEK 2TEK TEST	147	NORA-BE	111	NUTRIVIT	79
<i>nevirapine</i>	127	NORDITROPIN	111	NYAMYC	58
<i>nevirapine er</i>	127	FLEXPRO	111	NYLIA 1/35	112
NEW DAY	111	<i>norethin ace-eth estrad-fe</i>	111	NYLIA 7/7/7	112
<i>niacin</i>	33	<i>norethindrone</i>	112	<i>nystatin</i>	59
<i>niacin</i> (antihyperlipidemic)	33	<i>norethindrone acet-ethinyl est</i>	111	<i>nystatin-triamcinolone</i>	59
<i>niacin er</i>	33	<i>norethindrone acetate</i>	112	NYSTOP	59
<i>niacin er</i> (antihyperlipidemic)	33	<i>norgestim-eth estrad triphasic</i>	112	O	
NIACOR	33	<i>norgestimate-eth estradiol</i>	112	<i>oceanic selenium</i>	79
NIAVASC	33	NORLYDA	112	OCELLA	112
<i>nicardipine hcl</i>	33	NORLYROC	112	OCTAGAM	118
<i>nicotine</i>	46	NORTREL 0.5/35	112	<i>octreotide acetate</i>	112
<i>nicotine mini</i>	46	(28)	112	<i>ocutabs</i>	79
<i>nicotine polacrilex</i>	46	NORTREL 1/35 (21)	112	<i>ocutabs-lutein</i>	79
<i>nicotine polacrilex mini</i>	46	NORTREL 1/35 (28)	112	ODEFSEY	127
<i>nicotine step 1</i>	46	NORTREL 7/7/7	112	ODOMZO	22
<i>nicotine step 2</i>	46	<i>nortriptyline hcl</i>	46	OFEV	167
<i>nicotine step 3</i>	46	NORVIR	127	OFF DEEP WOODS	148
NICOTROL NS	46	NOVA MAX GLUCOSE TEST	148	OFF DEEP WOODS	148
<i>nifedipine er</i>	33	NOVA SAFETY LANCETS 23G	148	DRY	148
<i>nifedipine er osmotic release</i>	33	NOVA SAFETY LANCETS 28G	148	SPORTSMEN	148
<i>nighttime cold/flu relief</i>	147	NOVA SUREFLEX LANCETS	148	<i>ofloxacin</i>	127
<i>nighttime cough</i>	147	NOVA SUREFLEX LANCING DEVICE	148	OGSIVEO	22
<i>nilutamide</i>	22	NUXAFIL	127	OJJAARA	22
<i>nimodipine</i>	33	NU-IRON	79	<i>olanzapine</i>	47
NINJACOF	148	NU-MAG	79	<i>olanzapine-fluoxetine hcl</i>	47
NINLARO	22	NUBEQA	22	<i>olmesartan-amlodipine-hctz</i>	33
<i>nitazoxanide</i>	127	NUCALA	166	<i>olopatadine hcl</i>	161
<i>nitisinone</i>	105	NUEDEXTA	46	<i>omega-3-acid ethyl esters</i>	33
NITRO-BID	33			<i>omeprazole</i>	103
<i>nitrofurantoin macrocrystal</i>	127			<i>omeprazole magnesium</i>	103
<i>nitrofurantoin monohyd macro</i>	127			<i>omnicap</i>	79
<i>nitroglycerin</i>	33			OMNITROPE	112

If you have questions, please call Wellpoint STAR+PLUS MMP at 1-833-232-1711 (TTY:711), 24 hours a day, 7 days a week. The call is free.
For more information, visit www.wellpoint.com/tx/mmp.

ON CALL EXPRESS BLOOD GLUCOSE	148	ONETOUCH DELICA PLUS LANCING	148	oxycodone hcl	15
ONCOVITE	79	ONETOUCH DELICA SAFETY LANCING	148	oxycodone-	
<i>ondansetron</i>	103	ONETOUCH SURESOFT LANCING DEV	148	acetaminophen	15
<i>ondansetron hcl</i>	103	ONETOUCH ULTRA	148	OYSCO 500+D	80
<i>one daily</i>		ONETOUCH ULTRASOFT LANCETS	148	<i>oyster calcium</i>	80
<i>calcium/iron</i>	79	ONETOUCH VERIO	148	<i>oyster shell calcium</i>	80
<i>one daily complete</i>	79	ONUREG	22	<i>oyster shell calcium + d</i>	80
<i>one daily for men 50+ advanced</i>	79	OPCICON ONE-STEP	112	<i>oyster shell calcium + d3</i>	80
<i>one daily for women</i>	80	OPDIVO	22	<i>oyster shell calcium plus d</i>	80
<i>one daily for women 50+ adv</i>	79	OPSUMIT	167	<i>oyster shell calcium w/d</i>	80
<i>one daily maximum</i>	80	OPTICHAMBER		<i>oyster shell calcium/d</i>	80
<i>one daily</i>		DIAMOND	148	<i>oyster shell calcium/d3</i>	81
<i>multivitamin/iron</i>	80	OPTICHAMBER DIAMOND-LG MASK	148	<i>oyster shell calcium/vit d3</i>	81
<i>one daily womens 50+ plus</i>	80	OPTICHAMBER DIAMOND-MD MASK	149	<i>oyster shell calcium/vitamin d</i>	81
<i>one daily womens 50+</i>	80	OPTICHAMBER DIAMOND-SM MASK	149	OZEMPIC (0.25 OR 0.5 MG/DOSE)	96
<i>one daily/minerals</i>	80	OPTIUMEZ TEST	149	OZEMPIC (1 MG/DOSE)	96
ONE-A-DAY ESSENTIAL	80	ORALONE	59	OZEMPIC (2 MG/DOSE)	96
ONE-A-DAY MENS 50+ ADVANTAGE	80	ORAZINC	80	P	
ONE-A-DAY TEEN ADVANTAGE/HER	80	ORFADIN	105	PACERONE	33
ONE-A-DAY TEEN ADVANTAGE/HIM	80	ORGOVYX	22	<i>paclitaxel</i>	22
ONE-A-DAY WOMENS FORMULA	80	ORKAMBI	167	<i>paclitaxel protein-bound part</i>	22
<i>one-daily multi-vitamin</i>	80	ORSERDU	22	<i>pain relieving</i>	59
<i>one-way valved expiratory</i>	148	ORSYTHIA	112	<i>paliperidone er</i>	47
<i>one-way valved inspiratory</i>	148	OS-CAL CALCIUM + D3	80	<i>pamidronate disodium</i>	96
ONETOUCH DELICA LANCETS 33G	148	OS-CAL EXTRA D3	80	PANDA MASK LARGE	149
ONETOUCH DELICA PLUS LANCET30G	148	<i>oseltamivir phosphate</i>	127	PANDA MASK	
ONETOUCH DELICA PLUS LANCET33G	148	OTEZLA	118	MEDIUM	149
		<i>oxacillin sodium</i>	127	PANDA MASK SMALL	149
		<i>oxaliplatin</i>	22	PANRETIN	59
		<i>oxandrolone</i>	112	<i>pantoprazole sodium</i>	103
		<i>oxaprozin</i>	15		
		<i>oxcarbazepine</i>	47		
		<i>oxybutynin chloride</i>	106		
		<i>oxybutynin chloride er</i>	106		

If you have questions, please call Wellpoint STAR+PLUS MMP at 1-833-232-1711 (TTY:711), 24 hours a day, 7 days a week. The call is free.
For more information, visit www.wellpoint.com/tx/mmp.

PARAPLATIN	22	peg 3350-kcl-na bicarb-nacl	103	phenobarbital	47
PARI VORTEX ADULT		peg-		phenylephrine hcl	149
MASK	149	3350/electrolytes	103	phenylephrine-dm-	
paricalcitol	96	peg-		gg	149
paromomycin		3350/electrolytes/ascorbat...	103	PHENYTEK	47
sulfate	127	peg-kcl-nacl-nasulf-na asc-		phenytoin	48
paroxetine hcl	47	c	103	PHENYTOIN INFATABS	47
PATADAY	161	PEGASYS	118	phenytoin sodium	
PAXLOVID (150/100) ...	127	PEMAZYRE	22	extended	48
PAXLOVID (300/100) ...	127	pemetrexed		PHESGO	23
pazopanib hcl	22	disodium	22	PHILITH	112
pc lancets super thin		PENBRAYA	118	PHOSPHA 250	
30g	149	penciclovir	59	NEUTRAL	106
pc pediatric iron		penicillamine	106	PHOSPHO-TRIN 250	
drops	81	penicillin g pot in		NEUTRAL	106
pc pediatric tri-vitamin		dextrose	127	PHOSPHO-TRIN	
drops	81	penicillin g		K500	106
ped electrolyte freeze		potassium	127	phosphorous	106
pops	81	penicillin g procaine ...	127	phytonadione	28
ped electrolyte freezer		penicillin g sodium	127	PIFELTRO	128
pops	81	penicillin v		pilocarpine hcl	59
PEDIACLEAR 8		potassium	127	pimecrolimus	59
CHILDRENS	149	PENTACEL	118	pimozide	48
PEDIACLEAR PD		pentamidine		PIMTREA	112
CHILDRENS	167	isethionate	127	pindolol	33
PEDIALYTE	81	pentoxifylline er	28	pioglitazone hcl	96
PEDIALYTE ADVANCED		PERIDIN-C	81	PIP BLOOD GLUCOSE TEST	
CARE	81	PERIOGARD	59	STRIP	149
PEDIALYTE FREEZER		PERJETA	22	pip lancets 28g	149
POPS	81	permethrin	59	pip lancets 30g	149
PEDIALYTE SINGLES	81	perphenazine	47	piperacillin sod-	
PEDIARIX	118	PERSERIS	47	tazobactam	128
pediatric electrolyte	81	petrolatum	149	PIQRAY (200 MG DAILY	
pediatric electrolyte-zinc	81	PFIZERPEN	128	DOSE)	23
pediatric medium		PHARMACIST CHOICE		PIQRAY (250 MG DAILY	
mask	149	AUTO CODE	149	DOSE)	23
PEDIATRIC PANDA		pharmacist choice d-		PIQRAY (300 MG DAILY	
MASK	149	vitamin	96	DOSE)	23
pediatric small		PHARMACIST CHOICE		pirfenidone	167
mask	149	LANCETS	149	PIRMELLA 1/35	112
PEDVAX HIB	118	pharmacist choice no		PIRMELLA 7/7/7	112
peg 3350	103	coding	149	piroxicam	15
		phenelzine sulfate	47	plain niacin	33
				PLASMA-LYTE 148	81

If you have questions, please call Wellpoint STAR+PLUS MMP at 1-833-232-1711 (TTY:711), 24 hours a day, 7 days a week. The call is free.
For more information, visit www.wellpoint.com/tx/mmp.

plerixafor	28	pramipexole	48	pro voice v8/v9	9
pnv-dha	81	dihydrochloride	48	glucose	150
POCKET CHAMBER	149	pramoxine hcl	15	probenecid	15
podofilox	59	(perianal)	59	prochlorperazine	103
poly bacitracin	59	prasugrel hcl	28	prochlorperazine	103
POLY HIST FORTE	149	pravastatin sodium	34	edisylate	103
poly-hist dm	149	praziquantel	128	prochlorperazine	103
POLY-IRON 150	81	prazosin hcl	34	maleate	103
poly-iron 150 forte	81	PRECISION XTRA BLOOD		PROCIT	28
POLY-VENT DM	149	GLUCOSE	150	PROCTO-MED HC	59
POLY-VENT IR	149	prednisolone	113	PROCTOSOL HC	59
POLY-VI-FLOR	81	prednisolone		PROCTOZONE-HC	59
POLY-VI-FLOR/IRON	82	acetate	161	PRODIGY LANCETS	
POLY-VI-SOL	82	prednisolone sodium		28G	150
POLY-VI-SOL/IRON	82	phosphate	113	PRODIGY LANCING	
POLYCIN	161	prednisone	113	DEVICE	150
polyethylene glycol 3350	103	PREDNISONE		PRODIGY NO CODING	
polymyxin b-		INTENSOL	113	BLOOD GLUC	150
trimethoprim	161	preferred plus lancets		PRODIGY SAFETY LANCETS	
polysaccharide iron		thin	150	26G	150
complex	82	pregabalin	48	PRODIGY TWIST TOP	
polysaccharide-iron		PREHEVBRIOD	118	LANCETS 28G	150
complex	82	PREMARIN	113	PROFE	82
polytussin dm	150	PREMASOL	82	PROFERRIN ES	83
polyvinyl alcohol	161	premium blood glucose		PROFERRIN-FORTE	83
POMALYST	23	test	150	progesterone	113
PORTIA-28	113	PREMPRO	113	PROGRAF	118
posaconazole	128	prenatal	82	PROLASTIN-C	105
potassium chloride	82	PRENATAL VIT W/ IRON		PROLENSA	161
potassium chloride crys		CARBONYL-FOLIC		PROLIA	96
er	82	ACID	82	PROMACTA	28
potassium chloride er ...	82	PREVALITE	34	promethazine hcl	103
potassium chloride in		PREVYMIS	128	promethazine-	
nacl	82	PREZCOBIX	128	codeine	150
potassium citrate er ...	106	PREZISTA	128	promethazine-dm	150
potassium citrate-citric		PRIFTIN	128	propafenone hcl	34
acid	106	primaquine		propranolol hcl	34
potassium cl in dextrose		phosphate	128	propranolol hcl er	34
5%	82	primidone	48	propylthiouracil	113
POTELIGEO	23	PRIORIX	118	PROQUAD	118
povidone-iodine	59	pro comfort lancets		PROTECTIRON	83
PRADAXA	28	30g	150	protriptyline hcl	48
PRALUENT	34	pro comfort lancets		pse-dexchlorphen-	
		31g	150	chlophedianol	150

If you have questions, please call Wellpoint STAR+PLUS MMP at 1-833-232-1711 (TTY:711), 24 hours a day, 7 days a week. The call is free.
For more information, visit www.wellpoint.com/tx/mmp.

<i>pseudoeph-bromphen-dm</i>	150	QUFLORA FE	83	<i>ra high potency iron</i>	84
<i>pseudoephedrine hcl</i>	150	QUFLORA FE		<i>ra magnesium</i>	84
<i>pseudoephedrine hcl er</i>	150	PEDIATRIC	83	<i>ra natural magnesium</i>	84
<i>pseudoephedrine-guaifenesin er</i>	150	QUFLORA GUMMIES	83	<i>ra niacin</i>	34
PULMOZYME	167	QUFLORA PEDIATRIC	83	<i>ra one daily maximum</i>	84
<i>pure calcium carbonate</i>	83	quinapril hcl	34	<i>ra pediatric electrolyte</i>	84
<i>pure comfort lancets 30g</i>	150	quinapril-hydrochlorothiazide	34	<i>ra selenium natural</i>	84
PUREWAY-C	83	quinidine sulfate	34	<i>ra slow release iron</i>	84
PURIXAN	23	quinine sulfate	128	<i>ra vitamin a</i>	84
<i>px advanced lancing device</i>	150	quintabs-m	83	<i>ra vitamin b-1</i>	84
<i>px lancets microthin 33g</i>	150	QUINTET AC BLOOD GLUCOSE TEST	151	<i>ra vitamin b-12</i>	84
<i>px lancets ultra thin</i>	150	QUINTET BLOOD GLUCOSE TEST	151	<i>ra vitamin b-12 tr</i>	84
<i>px lancets ultra thin 28g</i>	151	QVAR REDIHALER	167	<i>ra vitamin b-6</i>	84
pyrazinamide	128	R		<i>ra vitamin b12</i>	84
pyridostigmine bromide	48	<i>ra b-complex</i>	83	<i>ra vitamin c</i>	84
pyridoxine hcl	83	<i>ra b-complex with b-12</i>	83	<i>ra vitamin c cr</i>	84
pyrimethamine	128	<i>ra b-complex/vitamin c cr</i>	83	<i>ra vitamin c/rose hips</i>	85
Q		<i>ra balanced b-100</i>	83	<i>ra vitamin e</i>	85
<i>qc advanced lancing device</i>	151	<i>ra balanced b-50</i>	83	<i>ra zinc</i>	85
<i>qc lancets super thin 30g</i>	151	<i>ra biotin</i>	83	RABAVERT	118
<i>qc naproxen sodium</i>	151	<i>ra calcium 600</i>	83	<i>raloxifene hcl</i>	113
<i>qc pain reliever pm ex st</i>	48	<i>ra calcium 600/vit d/d/minerals</i>	84	ramelteon	48
<i>qc unilet lancets 28g</i>	151	<i>ra calcium cit plus vit d-3</i>	84	ramipril	34
<i>qc unilet lancets micro thin</i>	151	<i>ra calcium-boron</i>	84	<i>ranolazine er</i>	34
QINLOCK	23	<i>ra central-vite womens mature</i>	84	<i>rasagiline mesylate</i>	48
QUADRACEL	118	RA E-ZJECT LANCETS		RAVICTI	105
<i>quetiapine fumarate</i>	48	28G	151	READYLANCE SAFETY LANCETS	151
<i>quetiapine fumarate er</i>	48	RA E-ZJECT LANCETS THIN		RECLIPSEN	113
		26G	151	RECOMBIVAX HB	119
		RA E-ZJECT LANCETS THIN		RECTIV	59
		28G	151	REDNESS RELIEF	161
		RA E-ZJECT LANCETS ULTRA THIN	151	REFRESH	
		RA HI CAL	84	CELLUVISC	161
				REFRESH LACRIMOLUBE	161
				REFRESH OPTIVE MEGA-3	161
				REFRESH PLUS	161

If you have questions, please call Wellpoint STAR+PLUS MMP at 1-833-232-1711 (TTY:711), 24 hours a day, 7 days a week. The call is free.
For more information, visit www.wellpoint.com/tx/mmp.

REFUAH PLUS BLOOD	REPEL SPORTSMEN	RITEFLO
GLUCOSE TEST	DRY	152
RELAFEN	REPEL SPORTSMEN	<i>ritonavir</i>
RELENZA	MAX	23
DISKHALER	RESTASIS	RITUXAN
RELION BLOOD GLUCOSE	RESTASIS	RITUXAN HYCELA
TEST	MULTIDOSE	23
RELION CONFIRM/MICRO	RETEVMO	rivastigmine
TEST	RETROVIR	49
RELION LANCET DEVICES	REXALL BLOOD GLUCOSE	<i>rivastigmine tartrate</i>
30G	TEST	49
RELION LANCETS MICRO-	REXALL LANCETS ULTRA	<i>rizatriptan benzoate</i>
THIN 33G	THIN 30G	152
RELION LANCETS THIN	REXULTI	<i>robafen cf multi-symptom</i>
26G	REYATAZ	cold
RELION LANCETS ULTRA-	REZLIDHIA	152
THIN 30G	REZUROCK	ROBAFEN MUCUS/CHEST
RELION LANCING	RHOPRESSA	CONGESTION
DEVICE	RIABNI	152
RELION PREMIER	<i>ribavirin</i>	ROCKLATAN
TEST	RIDAURA	<i>roflumilast</i>
RELION PRIME TEST	<i>rifabutin</i>	23
RELION TRUE METRIX TEST	<i>rifampin</i>	<i>romidepsin</i>
STRIPS	RIGHTEST GD500 LANCING	<i>ropinirole hcl</i>
RELION ULTIMA TEST ...	DEVICE	34
RELION ULTRA THIN	RIGHTEST GL300	ROTARIX
LANCETS 30G	LANCETS	ROTATEQ
RELION ULTRA THIN PLUS	RIGHTEST GS100 BLOOD	ROWEEPRA
LANCETS	GLUCOSE	ROZLYTREK
REMICADE	RIGHTEST GS300 BLOOD	<i>ru-hist d</i>
<i>rena-vite</i>	GLUCOSE	152
<i>rena-vite rx</i>	RIGHTEST GS550 BLOOD	RUBRACA
RENAL	GLUCOSE	<i>rufinamide</i>
<i>renal vitamin</i>	RIGHTEST GT333 BLOOD	RUKOBIA
repaglinide	GLUCOSE	RYBELSUS
REPATHA	RIGHTEST GT333 GLUCOSE	RYBREVANT
REPATHA PUSHTRONEX	TEST	RYDAPT
SYSTEM	<i>riluzole</i>	RYLAZE
REPATHA SURECLICK	<i>rimantadine hcl</i>	<i>rymed</i>
REPEL HUNTERS	<i>ringers</i>	152
FORMULA	<i>ringers irrigation</i>	<i>rynex dm</i>
REPEL LEMON	RINVOQ	152
EUCALYPTUS	RISPERDAL CONSTA	<i>rynex pe</i>
REPEL SPORTSMEN	risperidone	152

If you have questions, please call Wellpoint STAR+PLUS MMP at 1-833-232-1711 (TTY:711), 24 hours a day, 7 days a week. The call is free.
For more information, visit www.wellpoint.com/tx/mmp.

sapropterin	SIDESTREAM PEDIATRIC	sm calcium 600+d3
dihydrochloride	FACE MASK	sm calcium 600/vitamin
saps health plus	SIGNIFOR	d
lancets	sildenafil citrate	sm calcium citrate+vit
saps health twist top	silicone mask/infant ...	d3
lancets	silicone	sm calcium citrate+vit d3
saps twist top	mask/pediatric	max
lancets	silver sulfadiazine	sm calcium-vitamin d
SARCLISA	SIMBRINZA	sm calcium/vitamin d ...
SAVELLA	simethicone	sm chewable vitamin
SAVELLA TITRATION	simethicone drops	c
PACK	infants	sm complete
SAWYER INSECT REPELLENT	simethicone ultra	sm complete 50+
SCEMBLIX	strength	sm complete 50+ ultimate
scopolamine	SIMLIYA	women
se-tan plus	SIMPLE DIAGNOSTICS	sm hair/skin/nails
SECUADO	LANCING DEV	sm ibuprofen
selegiline hcl	simvastatin	sm lancets 33g
selenium	sinus + headache	sm lorata-dine d
selenium sulfide	sinus	sm loratadine
SELZENTRY	congestion/pain	sm magnesium oxide
senior tabs	sinus pressure +	sm miconazole 7
senna-lax	pain	sm multiple
sentry	sinus relief congestion-	vitamins/iron
sentry senior	pain	sm nasal spray 12
SEREVENT DISKUS	strength	hour
sertraline hcl	sirolimus	sm niacin cr
SETLAKIN	SIRTURO	sm one daily womens ...
sevelamer carbonate	SKYRIZI	sm pediatric
severe cold & flu	SKYRIZI PEN	electrolyte
severe cold/cough	sleep aid	sm slow release iron
SHAROBEL	sleep-aid	sm tussin cough/chest
SHINGRIX	SLO-NIACIN	congest
SHOPKO AUTOLET LANCING DEVICE	slow release iron	sm vitamin b
SHOPKO ON-THE-GO LANCETS 30G	SLOW-MAG	complex/vitamin c
SHOPKO UNILET LANCETS 28G	sm anti-diarrheal	sm vitamin b-12
SHOPKO UNILET LANCETS 30G	sm b-complex	sm vitamin b1
	sm b-complex/vitamin c	sm vitamin b12 tr
	sm b100 complex	sm vitamin b6
	sm balanced b-50	sm vitamin c
	sm biotin	sm vitamin c cr
		sm zinc gluconate
		SMART DIABETES VANTAGE LANCING
		154

If you have questions, please call Wellpoint STAR+PLUS MMP at 1-833-232-1711 (TTY:711), 24 hours a day, 7 days a week. The call is free.
For more information, visit www.wellpoint.com/tx/mmp.

SMART SENSE COLOR LANCETS 33G	154	<i>sorafenib tosylate</i>	23	SUDOGEST MAXIMUM STRENGTH	154
SMART SENSE PREMIUM TEST	154	<i>SORINE</i>	34	<i>sulfacetamide</i>	
SMART SENSE STANDARD LANCETS	154	<i>sotalol hcl</i>	34	<i>sodium</i>	162
SMART SENSE SUPER THIN LANCETS	154	<i>sotalol hcl (af)</i>	34	<i>sulfacetamide sodium</i>	
SMART SENSE THIN LANCETS 26G	154	<i>SPECTRAVITE</i>	87	<i>(acne)</i>	59
SMART SENSE VALUE TEST	154	<i>SPIRIVA</i>		<i>sulfacetamide-</i>	
SMARTEST BLOOD GLUCOSE TEST	154	<i>HANDIHALER</i>	167	<i>prednisolone</i>	162
SMARTEST LANCETS 28G	154	<i>SPIRIVA RESPIMAT</i>	167	<i>sulfadiazine</i>	129
<i>smooth antacid extra strength</i>	104	<i>spironolactone</i>	34	<i>sulfamethoxazole-</i>	
<i>sod citrate-citric acid</i>	106	<i>spironolactone-hctz</i>	35	<i>trimethoprim</i>	129
<i>sodium bicarbonate</i>	104	<i>SPRAVATO (56 MG DOSE)</i>	50	<i>SULFAMYLYON</i>	59
<i>sodium chloride</i>	87	<i>SPRAVATO (84 MG DOSE)</i>	50	<i>sulfasalazine</i>	104
<i>sodium chloride (hypertonic)</i>	161	<i>SPRINTEC 28</i>	113	<i>sulindac</i>	15
<i>sodium fluoride</i>	87	<i>SPRITAM</i>	50	<i>sumatriptan</i>	50
<i>sodium phenylbutyrate</i>	105	<i>SPRYCEL</i>	23	<i>sumatriptan</i>	
<i>sodium polystyrene sulfonate</i>	97	<i>SPS</i>	97	<i>succinate</i>	50
<i>sofosbuvir-velpatasvir</i>	129	<i>SRONYX</i>	113	<i>sumatriptan succinate refill</i>	50
<i>solifenacin succinate</i>	106	<i>SSD</i>	59	<i>sunitinib malate</i>	24
<i>SOLTAMOX</i>	23	<i>STELARA</i>	119	<i>SUNLENCA</i>	129
<i>SOLUS V2 LANCETS 28G</i>	154	<i>STERILANCE PA</i>	154	<i>super b/c</i>	87
<i>SOLUS V2 LANCING DEVICE</i>	154	<i>STERILANCE TL</i>	154	<i>super biotin</i>	87
<i>SOLUS V2 TEST</i>	154	<i>sterile water for irrigation</i>	154	<i>super calcium</i>	87
<i>SOLUS V2 TWIST LANCETS 30G</i>	154	<i>STIOLTO RESPIMAT</i>	167	<i>super calcium 600 + d 400</i>	87
<i>SOLUVITA E</i>	87	<i>STIVARGA</i>	23	<i>super calcium 600 + d3</i>	87
<i>SOMATULINE DEPOT</i>	113	<i>stomach relief</i>	104	<i>SUPER QINTS B-50</i>	87
<i>SOMAVERT</i>	113	<i>stress b/zinc</i>	87	<i>super thera vite m</i>	87
		<i>stress formula</i>	87	<i>SUPERVITE</i>	87
		<i>stress formula/iron</i>	87	<i>sure comfort lancets 18g</i>	154
		<i>stress formula/zinc (b-compl)</i>	87	<i>sure comfort lancets 21g</i>	154
		<i>STRIBILD</i>	129	<i>sure comfort lancets 23g</i>	154
		<i>STROVITE ONE</i>	87	<i>sure comfort lancets 28g</i>	154
		<i>SUBVENITE</i>	50	<i>sure comfort lancets 30g</i>	154
		<i>sucralfate</i>	104	<i>sure comfort lancing pen</i>	154
		<i>SUDOGEST</i>	154	<i>SUSPENDOL-S</i>	155
		<i>sudogest 12 hour</i>	154		

If you have questions, please call Wellpoint STAR+PLUS MMP at 1-833-232-1711 (TTY:711), 24 hours a day, 7 days a week. The call is free.
For more information, visit www.wellpoint.com/tx/mmp.

sv vitamin b-12 er	88	telmisartan-hctz	35	TIBSOVO	24
SYEDA	113	temazepam	50	TICE BCG	24
SYMLINPEN 120	97	TENIVAC	119	TICOVAC	119
SYMLINPEN 60	97	tenofovir disoproxil		tigecycline	129
SYMPAZAN	50	fumarate	129	timolol maleate	35
SYMTUZA	129	TEPMETKO	24	timolol maleate (once-	
SYNAGIS	155	terazosin hcl	35	daily)	162
SYNAREL	113	terbinafine hcl	60	tioconazole-1	106
SYNJARDY	97	terbutaline sulfate	167	TIS-U-SOL	155
SYNJARDY XR	97	terconazole	106	TIVICAY	129
SYNRIBO	24	teriparatide	97	TIVICAY PD	129
SYNTROID	113	teriparatide		tizanidine hcl	51
T		(recombinant)	97	tobramycin	162
TAB-A-VITE/IRON/BETA		testosterone	114	tobramycin sulfate	129
CAROTENE	88	testosterone		tobramycin-	
TABLOID	24	cypionate	113	dexamethasone	162
TABRECTA	24	testosterone		tolcapone	51
tacrolimus	59	enanthate	114	tolnaftate	60
TAFINLAR	24	tetrabenazine	51	tolterodine tartrate	106
TAGRISSO	24	tetracycline hcl	129	tolterodine tartrate	
TALZENNA	24	tgt blood glucose		er	106
tamoxifen citrate	24	test	155	topcare lancets micro-thin	
tamsulosin hcl	106	tgt lancet micro thin		33g	155
TANDEM	88	33g	155	topiramate	51
TANDEM PLUS	88	tgt lancet thin 26g	155	toremifene citrate	24
TARINA FE 1/20 EQ	113	tgt lancet ultra thin		torsemide	35
taron forte	88	30g	155	TOUJEO MAX	
TASIGNA	24	tgt lancing device	155	SOLOSTAR	97
tasimelteon	50	THALOMID	24	TOUJEO SOLOSTAR	97
tazarotene	59	theophylline er	168	TRACLEER	168
TAZICEF	129	ThERA M PLUS	88	TRADJENTA	97
TAZTIA XT	35	thera-m	88	tramadol hcl	15
TAZVERIK	24	thera-tabs	88	tramadol-	
TDVAX	119	therapeutic-m/lutein	88	acetaminophen	15
TECENTRIQ	24	THERATRUM		trandolapril	35
TECFIDERA	50	COMPLETE	88	tranexamic acid	28
TECHLITE LANCETS	155	THERATRUM COMPLETE	50	tranylcyproamine	
TECHLITE LANCETS		PLUS	88	sulfate	51
30G	155	THEREMS-M	88	TRAVASOL	88
TECVAYLI	24	thiamine hcl	88	travel lancets	155
TEFLARO	129	thioridazine hcl	51	TRAVEL LANCETS	
telmisartan	35	thiothixene	51	ADVANCED 28G	155
telmisartan-		TIADYL T ER	35	travoprost (bak free)	162
amlodipine	35	tiagabine hcl	51	trazodone hcl	51

If you have questions, please call Wellpoint STAR+PLUS MMP at 1-833-232-1711 (TTY:711), 24 hours a day, 7 days a week. The call is free.
For more information, visit www.wellpoint.com/tx/mmp.

TRECATOR	129	TRUE METRIX BLOOD	U
TRELEGY ELLIPTA	168	GLUCOSE TEST	ULTI-LANCE
<i>tretinoin</i>	24	TRUE METRIX PRO BLOOD	AUTOMATIC
TREXALL	119	GLUCOSE	156
TRI FEMYNOR	114	TRUEDRAW LANCING	ULTILET CLASSIC
TRI-ESTARYLLA	114	DEVICE	LANCETS
TRI-LINYAH	114	TRUEPLUS LANCETS	156
TRI-MILI	114	28G	ULTILET LANCETS
TRI-NYMYO	114	TRUEPLUS LANCETS	156
TRI-SPRINTEC	114	30G	ULTILET SAFETY LANCETS
TRI-VI-FLOR	88	TRUEPLUS LANCETS	23G
<i>tri-vite pediatric</i>	88	33G	156
<i>tri-vite/fluoride</i>	88	TRUEPLUS SAFETY LANCETS	<i>ultra lubricating eye</i>
TRI-VYLIBRA	114	28G	<i>drops</i>
<i>triamcinolone</i>		TRUETEST TEST	162
<i>acetonide</i>	60	TRUETRACK TEST	<i>ultra lubricating eye drops</i>
<i>triamterene-hctz</i>	35	TRULICITY	<i>pf</i>
<i>tricitrates</i>	106	TRUMENBA	162
TRIDERM	60	TRUQAP	<i>ultra thin lancets</i>
<i>trientine hcl</i>	97	TRUSELTIQ (100MG DAILY	31g
<i>trifluoperazine hcl</i>	51	DOSE)	156
<i>trifluridine</i>	129	TRUSELTIQ (125MG DAILY	ULTRA-THIN II
<i>trihexyphenidyl hcl</i>	51	DOSE)	LANCETS
<i>trimethoprim</i>	129	TRUSELTIQ (50MG DAILY	156
<i>trimipramine maleate</i> ...	51	DOSE)	ULTRATHON INSECT
TRINTELLIX	51	TRUSELTIQ (75MG DAILY	REPELLENT 8
<i>triprocaps</i>	88	DOSE)	UNILET COMFORTOUCH
<i>triple antibiotic</i>	60	TUKYSA	LANCET
<i>triple antibiotic plus</i>	60	TURALIO	156
<i>triple antibiotic+pain</i>		TURQOZ	UNILET EXCELITE
<i>relief</i>	60	114	156
<i>triprolidine hcl</i>	168	<i>tussin cf severe multi-</i>	UNILET EXCELITE II
TRIUMEQ	130	<i>symptom</i>	156
TRIUMEQ PD	130	<i>tussin dm</i>	UNILET G.P. SUPERLITE
TRIVORA (28)	114	<i>tussin dm max adult</i>	LANCET
TRIZIVIR	130	<i>tussin mucus+chest</i>	156
TRODELVY	24	<i>congestion</i>	UNILET GP 28 ULTRA
TROGARZO	130	<i>tussin multi-symptom cold</i>	THIN
TROPHAMINE	88	<i>cf</i>	156
<i>true comfort safety</i>		TWINRIX	UNILET LANCET
<i>lancets</i>	155	TYBOST	156
<i>true comfort twist top</i>		TYMLOS	UNISTIK 2
<i>lancets</i>	155	TYPHIM VI	156
		TYSABRI	UNISTIK 2 COMFORT
		51	156
			UNISTIK 2 EXTRA
			156
			UNISTIK 2 NORMAL
			156
			UNISTIK 2 SUPER
			156
			UNISTIK 3 COMFORT
			156
			UNISTIK 3 EXTRA
			156
			UNISTIK 3 GENTLE
			156

If you have questions, please call Wellpoint STAR+PLUS MMP at 1-833-232-1711 (TTY:711), 24 hours a day, 7 days a week. The call is free.
For more information, visit www.wellpoint.com/tx/mmp.

UNISTIK 3	VALTOCO 15 MG	VENTAVIS
NEONATAL 157	DOSE 52	VENTOLIN HFA
UNISTIK 3 NORMAL 157	VALTOCO 20 MG	verapamil hcl
UNISTIK CZT	DOSE 52	verapamil hcl er
COMFORT 157	VALTOCO 5 MG DOSE 52	VERQUVO
UNISTIK CZT	<i>value plus lancing</i>	VERSACLOZ
NORMAL 157	<i>device</i> 157	VERZENIO
UNISTIK NORMAL 157	<i>valumark lancet super thin</i>	VIC-FORTE
UNISTIK PRO SAFETY	<i>30g</i> 157	VICTOZA
LANCET 157	<i>valumark lancet ultra thin</i>	VIDA MIA AUTOLET LANCING
UNISTIK SAFETY LANCETS	<i>28g</i> 157	DEV
28G 157	VANACOF	VIDA MIA UNILET LANCETS
UNISTIK SAFETY LANCETS	VANACOF DM 157	28G 157
30G 157	VANACOF DMX 157	VIDA MIA UNILET LANCETS
UNISTIK TOUCH SAFETY	VANALICE	30G 157
LANC 21G 157	VANATAB DM 157	VIENVA
UNISTIK TOUCH SAFETY	<i>vancomycin hcl</i> 130	vigabatrin
LANC 23G 157	<i>vancomycin hcl in</i>	VIGADRONE
UNISTIK TOUCH SAFETY	<i>dextrose</i> 130	VIGPODER
LANC 28G 157	<i>vancomycin hcl in</i>	vilazodone hcl
UNISTIK TOUCH SAFETY	<i>nacl</i> 130	vinblastine sulfate
LANC 30G 157	VANDAZOLE 107	vincristine sulfate
UNISTRIP1 GENERIC 157	VANFLYTA	vinorelbine tartrate
UNITHROID	<i>vapor steam</i> 157	viorele
UNIVERSAL 1 LANCETS THIN	VAQTA	VIRACEPT
26G 157	<i>varenicline tartrate</i> 52	VIREAD
UNIVERSAL 1 LANCETS	<i>varenicline tartrate</i>	<i>virt-caps</i>
ULTRA THIN 157	<i>(starter)</i> 52	VIRT-GARD
UPTRAVI	VARIVAX	<i>vita c/bioflavonoids/rose</i>
UPTRAVI TITRATION 168	VARIZIG	<i>hips</i>
ursodiol	VASCEPA	VITAL-D RX
UZEDY	VECAMYL	<i>vitalee</i>
V	VECTIBIX	VITALET CHILDRENS
<i>v-c forte</i>	VELIVET	<i>vitamin a</i>
<i>valacyclovir hcl</i>	VELPHORO	<i>vitamin b + c complex</i>
VALCHLOR	VELTASSA	<i>vitamin b 12</i>
<i>valganciclovir hcl</i>	VELMLIDY	<i>vitamin b complex</i>
<i>valproate sodium</i>	VENCLEXTA	<i>vitamin b complex-c</i>
<i>valproic acid</i>	VENCLEXTA STARTING	<i>vitamin b-1</i>
<i>valsartan</i>	PACK	<i>vitamin b-12</i>
<i>valsartan-hydrochlorothiazide</i>	<i>venlafaxine besylate</i>	<i>vitamin b-12 er</i>
VALTOCO 10 MG	<i>er</i>	<i>vitamin b-2</i>
DOSE	<i>venlafaxine hcl</i>	<i>vitamin b-6</i>
	<i>venlafaxine hcl er</i>	<i>vitamin b1</i>

If you have questions, please call Wellpoint STAR+PLUS MMP at 1-833-232-1711 (TTY:711), 24 hours a day, 7 days a week. The call is free.
For more information, visit www.wellpoint.com/tx/mmp.

vitamin b12	89	VORTEX VALVED HOLDING	XCOPRI (250 MG DAILY
vitamin b12 tr	90	CHAMBER	DOSE)
vitamin b6	90	VOSEVI	53
vitamin c	90	vp-vite rx	XCOPRI (350 MG DAILY
vitamin c drops	90	VPRIV	DOSE)
vitamin c er	90	VRAYLAR	53
vitamin c-rose hips	90	VYFEMLA	XERMELO
vitamin c-rose hips er	90	VYLIBRA	104
vitamin c-rose hips tr	90	VYZULTA	XGEVA
vitamin c/rose hips	90	W	97
vitamin c/rose hips tr ...	90	WAKIX	XIFAXAN
vitamin d	97	walgreens adv travel	XIGDUO XR
vitamin d		lancets	131
(ergocalciferol)	97	walgreens lancets micro	XIIDRA
vitamin d infant	97	thin	XOFLUZA (40 MG
vitamin d3	97	walgreens lancets super	DOSE)
vitamin e	90	thin	131
vitamin e blend	90	WALGREENS THIN	XOFLUZA (80 MG
vitamin e high		LANCETS	DOSE)
potency	91	WALGREENS ULTRA THIN	168
vitamin e water		LANCETS	XOSPATA
soluble	91	warfarin sodium	25
vitamin e/d-alpha	91	wart remover maximum	XPOVIO (100 MG ONCE
vitamin e/d-alpha		strength	WEEKLY)
natural	91	wee care	25
vitamin k1	28	WELIREG	XPOVIO (40 MG ONCE
vitamin supplement e-		WERA	WEEKLY)
400	91	wes-phos 250	25
vitamin-b complex.....	91	neutral	XPOVIO (40 MG TWICE
vitamins acid-fluoride	91	wescaps	WEEKLY)
vitatrum	91	westab max	26
VITRAKVI	25	westab one	XPOVIO (60 MG ONCE
vitrum 50+ senior		westussin dm	WEEKLY)
multi	91	WIXELA INHUB	26
VIVAGUARD INO TEST		womens daily	XPOVIO (80 MG ONCE
STRIPS	157	form/fa/ca/fe	WEEKLY)
VIVAGUARD		womens daily formula ...	26
LANCETS	157	X	YARGESA
VIVAGUARD LANCING		XALKORI	105
DEVICE	157	XARELTO	YELETS TEENAGE
VIZIMPRO	25	XARELTO STARTER	FORMULA
VOLNEA	114	PACK	91
VONJO	25	XATMEP	YEROVY
voriconazole	130	XCOPRI	26
			YF-VAX
			YONSA
			Z
			Z-BUM
			zafirlukast
			zaleplon
			ZARXIO
			ZEJULA
			ZELBORAF

If you have questions, please call Wellpoint STAR+PLUS MMP at 1-833-232-1711 (TTY:711), 24 hours a day, 7 days a week. The call is free.
For more information, visit www.wellpoint.com/tx/mmp.

ZENATANE	60	zinc oxide	60	zonisamide	53
ZENPEP	105	zinc sulfate	92	ZOVIA 1/35 (28)	114
ZENZEDI	53	ziprasidone hcl	53	ZTALMY	53
ZEPZELCA	26	ziprasidone mesylate	53	ZUMANDIMINE	114
zevrx twist top lancets 30g	158	ZIRGAN	131	ZURZUVAE	53
zidovudine	131	zoledronic acid	98	ZYDELIG	26
zinc	91	ZOLINZA	26	ZYKADIA	26
ZINC 15	91	zolmitriptan	53	ZYPREXA RELPREW	53
zinc gluconate	92	zolpidem tartrate	53		
		ZONISADE	53		



If you have questions, please call Wellpoint STAR+PLUS MMP at **1-833-232-1711** (TTY:711), 24 hours a day, 7 days a week. The call is free.
 For more information, visit www.wellpoint.com/tx/mmp.

Wellpoint STAR+PLUS MMP (Medicare-Medicaid Plan) complies with applicable Federal civil rights laws and does not discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age, or disability in its health programs and activities. Wellpoint STAR+PLUS MMP provides free aids and services to people with disabilities to communicate effectively with us and provides free language services to people whose primary language is not English such as qualified interpreters and information written in other languages. These services can be obtained by calling the customer service number on the back of your member ID card. If you believe that Wellpoint STAR+PLUS MMP has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with the Enrollee Advocate:

Wellpoint STAR+PLUS MMP - Complaints, Appeals, and Grievances
Mailstop: OH0205-A537
4361 Irwin Simpson Road
Mason, OH 45040
1-855-878-1784 (TTY: 711)
Fax: 1-888-458-1406

If you need help filing a grievance, the Enrollee Advocate is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services; 200 Independence Ave., SW; Room 509F, HHH Building; Washington, D.C. 20201; 1-800-368-1019, 1-800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at **1-855-878-1784** (TTY: 711). Someone who speaks English can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al **1-855-878-1784** (TTY: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 **1-855-878-1784** (TTY: 711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 **1-855-878-1784** (TTY: 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa **1-855-878-1784** (TTY: 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au **1-855-878-1784** (TTY : 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi **1-855-878-1784** (TTY: 711). Sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter **1-855-878-1784** (TTY: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 **1-855-878-1784** (TTY: 711) 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону **1-855-878-1784** (TTY: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic:

إذاً نقدم خدمات المترجم الفوري المجانية للإجابة عن أي سؤال تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري سيقوم شخص ما بتحديث العربية بمساعدتك ليس عليك سوى الاتصال بنا على **1-855-878-1784** (TTY: 711). هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुधाषिया सेवाएँ उपलब्ध हैं। एक दुधाषिया प्राप्त करने के लिए, बस हमें **1-855-878-1784** (TTY: 711) पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero **1-855-878-1784** (TTY : 711). Un nostro incaricato che parla Italiano fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número **1-855-878-1784** (TTY: 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan **1-855-878-1784** (TTY: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer **1-855-878-1784** (TTY: 711). Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがありますございます。通訳をご用命になるには、**1-855-878-1784** (TTY: 711) にお電話ください。日本語を話す人者 が支援いたします。これは無料のサービスです。



For more recent information or other questions, contact us at:
1-833-232-1711 (TTY: 711)
24 hours a day, 7 days a week
or visit www.wellpoint.com/tx/mmp.

This formulary was updated on 2/1/2024.

Wellpoint Texas, Inc. MMP (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and Texas Medicaid to provide benefits of both programs to enrollees. Services provided by Wellpoint Texas, Inc.

H8786_24_3004945_0003_T CMS approved 09/13/2023
Formulary ID: TX_MMP_24038_v13_2403_2 Version: v0003
Issued 03/01/024

